

IN CONFIDENCE



1340/W4 : YOUNG CHILDREN'S DIETARY SURVEY

Serial no label	

Interviewer name

Authorisation no

Date of Interview

Day	Month	Year
		9 3

Enter start time - 24 hr clock

Hours	Mins

INTERVIEWER CODE

(a) Who was interviewed as informant

Code
one
only

Child's mother (female parent- figure)

1

Child's father (male parent- figure)

2

Child's 'mother' and 'father' jointly

3

Enter per no of informant(s)

Details of selected child

First name	Sex	Age	Date of birth			Fam. unit
	M F		Day	Mth	Year	
	1 2					①

List other household members in relationship to selected child

Person no. Ring ↓	Relationship to selected CHILD	OFF USE B	HOH Ring ↓	Sex		Age	Marital Status				Fam. unit
				M	F		M	C	S	W/D/S	
①			①	1	2		1	2	3	4	
02				1	2		1	2	3	4	
03				1	2		1	2	3	4	
04				1	2		1	2	3	4	
05				1	2		1	2	3	4	
06				1	2		1	2	3	4	
07				1	2		1	2	3	4	
08				1	2		1	2	3	4	
09				1	2		1	2	3	4	
10				1	2		1	2	3	4	

1. Applies if child's mother is married or cohabiting with no husband/partner in household

DNA, others X

Is (your husband) absent because he usually works away from home, or for some other reason?

Usually works away 1
Inc. Armed Forces & Merchant Navy

Some other reason (specify) 2

Q2

Q2

PRESENT ACCOMMODATION

Ring codes at Q2 and Q3

2 Type of accommodation occupied by this household

	whole house, bungalow	1	Q4
Code one from observation, if in doubt ask informant	purpose-built flat or maisonette in block	2	Q3
	part of the house/converted flat or maisonette/ rooms in house	3	
	dwelling with business premises	4	Q4
	caravan/houseboat	5	
	Other (specify)	6	

3 To households coded 2 - 4

What is the floor level of the main living part of the accommodation?

Basement/semi-basement	1
Ground floor/street level	2
1st floor	3
2nd floor	4
3th floor	5
4th to 9th floor	6
10th floor or higher	7

4 Ask or record

Is there a garden or other area attached to your accommodation where (CHILD) could play outside?

Yes	1
No	2

5. Do you have a kitchen, that is a separate room in which you cook?

Yes 1 (a)
 No 2 (b)

(a) Do you share the kitchen with any other household?

Yes 1
 No 2 } Q6

(b) Are you able to cook a hot meal in this accommodation?

Yes, hot meal 1
 No 2
 Spontaneous: Hot drink only 3

6. Does your household have any of the following items in your (part of the) accommodation?

INCLUDE: Items stored and under repair

	Yes	No
Refrigerator?	1	2
Deep freezer or fridge freezer?	1	2
Microwave oven?	1	2

7. Is there a car or van normally available for use by you or any members of your household?

Yes 1 (a)
 No 2 Q8

INCLUDE: Any provided by employers if normally available for private use by informant or members of the household. EXCLUDE: Vehicles used solely for the carriage of goods.

(a) Is there one or more than one?

1 1
 2 2 } Q8
 3 or more 3

EATING HABITS Introduce

8 Do you find (CHILD) particularly easy, about average or particularly difficult to feed for a child of his/her age?

*

Easy

1

(a)

Average

2

Q9

Difficult

3

(a)

If easy or difficult

(a) In what way is (he/she) (easy/difficult) to feed?

9 How would you describe the variety of foods that (CHILD) generally eats? Does he/she

*

Running prompt

eat most things

1

eat a reasonable variety of things

2

or is he/she a fussy or faddy eater?

3

10 Does (CHILD) have

*

Running prompt

a good appetite

1

an average appetite

2

or a poor appetite

3

for a child of his/her age?

11 Do you ever eat any food from (CHILD'S) plate to encourage him/her to eat it?

Yes

1

(a)

No

2

Q12

(a) How often do you do this? Is it

Running prompt

most mealtimes

1

some mealtimes

2

or very occasionally?

3

12. And does (CHILD) ever eat any food from your (or anyone else's) plate?

Yes 1 — (a)
No 2 — Q13

(a) How often does this happen? Is it

**Running
prompt**

most mealtimes 1
some mealtimes 2
or very occasionally? 3

13. Are there any foods that (CHILD) does not eat because he/she does not like them?

Yes 1 — Specify
No 2 — Q14

IF YES SPECIFY WHICH FOODS

14 Do you avoid giving (CHILD) particular foods or drinks because he/she is allergic to them?

Yes

1

(a) - (c)

No

2

Q15

If yes

(a) Which foods do you avoid?

Specify

(b)

(b) What form does the allergy take?

Specify

(c)

(c) Has (CHILD'S) allergy been diagnosed by a doctor?

Yes

1

No

2

15 (Apart from these) Are there any (other) foods you do not give (CHILD) for health, religious or any other reasons?

Yes

1

(a)

No

2

Q16

(a) If yes specify which foods and give reasons

FOOD

REASON

16. I'd like to ask you about what your child usually has to eat at different times of the day, but first I'd like to find out what times he/she gets up, has breakfast, has lunch and so on.

At what time approximately does(CHILD) usually(EVENT)

Prompt each event for time on weekdays, on Saturdays and on Sundays. Record approx. times in the grid.

Event	Weekdays	Saturdays	Sundays
gets up onat:
has breakfast onat:
has lunch onat:
has tea onat:
goes to bed onat:

17. I'd now like to know, in general terms, what(CHILD) - usually has to eat and drink at these different times. For example, at breakfast, does he/she have cereal, or toast, or a cooked breakfast? Some children don't eat breakfast, so if(CHILD) does not have anything at a particular time, please tell me.

What does he/she usually have to eat and drink, if anything

Prompt each event for what eaten on weekdays, on Saturdays and on Sundays. Record brief description in grid.

Event	Weekdays	Saturdays	Sundays
in bed or before breakfast on	Nil x	Nil x	Nil x

Event	Weekdays	Saturdays	Sundays
for breakfast on	Nil x	Nil x	Nil x
during the morning on	Nil x	Nil x	Nil x
for lunch on	Nil x	Nil x	Nil x
during the afternoon on	Nil x	Nil x	Nil x
for tea on	Nil x	Nil x	Nil x
between tea and bed-time on	Nil x	Nil x	Nil x
in bed or during the night on	Nil x	Nil x	Nil x

DRINKING

18. Does (CHILD) usually drink from

**Running
prompt**

- a feeder beaker/beaker with spout.....
- a plastic cup or beaker.....
- an ordinary cup, mug or glass
- a bottle.....
- or from something else? (specify)

- 1
- 2
- 3
- 4
- 5

Q19
Q20
Q19

19. (May I check) Does (CHILD) have a bottle at all these days, even just to go to bed with?

**Include ALL drinks
given in a bottle**

- Yes, has a bottle
- No, never has a bottle

- 1
- 2

Q20
Q21

20. On average, how many bottles does (CHILD) have a day?

**Include ALL drinks
given in a bottle**

**Prompt as
necessary**

- Fewer than 1 a day
- 1 a day
- 2 a day
- 3 a day
- 4 a day
- More than 4 a day (specify)

- 00
- 01
- 02
- 03
- 04
- 1

21 Does (CHILD) drink tea?

Yes

1 (a)

No

2 Q22

(a) Does (CHILD) usually take sugar in tea, is it sweetened with an artificial sweetener, or does (CHILD) drink tea without sugar or sweetener?

Sugar in tea

1

Artificial sweetener in tea

2

Drinks tea unsweetened

3

22 (May I check) does your child drink herbal teas or herbal infant drinks?

Yes, drinks herbal teas or herbal infant drinks

1 (a)(b)

No, drinks neither

2 Q23

(a) On average, how often does (CHILD) drink herbal tea or have a herbal infant drink?

Show card A

More than once a day

1

Once a day

2

Most days

3

At least once a week

4

At least once a month

5

Less than once a month

6

(b)

(b) What brands of herbal tea or herbal infant drink are you giving your child at the moment?

Record full brand name and flavour of all herbal teas/herbal infant drinks being given

1

2

3

Write in number of brands

1

23. Does (CHILD) drink coffee?

Yes 1 — (a)
 No 2 — Q24

(a) Does (CHILD) usually take sugar in coffee, is it sweetened with an artificial sweetener, or does (CHILD) drink coffee without sugar or sweetener?

Sugar in coffee 1
 Artificial sweetener in coffee 2
 Drinks coffee unsweetened 3

24. (Apart from in tea and coffee) do you use artificial sweeteners to sweeten any of (CHILD'S) food, either at the table or in cooking?

Yes, uses artificial sweeteners 1 — (a)
 No, does not use artificial sweeteners 2 — Q25

(a) Do you use an artificial sweetener, either at the table or in cooking, to sweeten(ITEM) for(CHILD)?

Prompt each food item and code in grid

	Yes used	Not used	Not eaten
Stewed or cooked fruit.....	1	2	9
Fresh fruit	1	2	9
Breakfast cereals	1	2	9
Cakes, biscuits or pastry that are homemade.....	1	2	9
Drinks, other than tea or coffee	1	2	9
Any other food or drink (specify).....	1	2	9
.....	1	2	9
.....	1	2	9

25 Applies if any artificial sweetener used for child
 Code 1 AT Q24 (any food)
 Code 2 AT Q23(a) (in coffee)
 Code 2 AT Q21(a) (in tea)

DNA, no artificial sweeteners usedX ----- Q26

What brands of artificial sweetener are you using to sweeten (CHILD'S) food and drinks at the moment?

Record full name and type - tablet, liquid, granulated, of all artificial sweeteners being used for child

- 1
- 2
- 3

Write in number of brands →

1

26. Do you usually add salt to (CHILD'S) food during cooking?

Yes, includes sea salt

1

Yes, uses 'Lo Salt'/salt alternative (not sea salt)

2

No, does not use salt in cooking

3

Other (specify)

4

27 At the table, do you add salt to (CHILD'S) food

usually

1

Running prompt

occasionally

2

rarely

3

or never?

4

If uses 'Lo salt' or salt alternative (not sea salt) at table ring code 1 - 3 and ring code →

1

28. I would now like to ask you about some foods your child may eat.
Can you tell me about how often, on average, . . . (CHILD) eats these foods.
Please choose your answer from this card.

Hand informant Card A Prompt each food listed below and code in grid. For 'seasonal foods' eg ice cream, prompt if necessary "..... at this time of year".

	More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never
Breakfast cereals	1	2	3	4	5	6	7
Cakes	1	2	3	4	5	6	7
Biscuits - any	1	2	3	4	5	6	7
Chocolate - confectionery	1	2	3	4	5	6	7
Other sweets	1	2	3	4	5	6	7
Ice cream or ice lollies	1	2	3	4	5	6	7
Yogurt (flavoured or plain but not fromage frais)	1	2	3	4	5	6	7
Cheese or cheese spread (not fromage frais)	1	2	3	4	5	6	7
Milk (dairy)	1	2	3	4	5	6	7
Eggs (include in home cooking)	1	2	3	4	5	6	7
Blackcurrant only drinks	1	2	3	4	5	6	7
Fruit juice (not squash)	1	2	3	4	5	6	7
Fizzy drinks (not mineral water)	1	2	3	4	5	6	7
Fish or shellfish, including fish fingers	1	2	3	4	5	6	7
Sausages - British type	1	2	3	4	5	6	7
Liver - not products	1	2	3	4	5	6	7
Beef, eg as a roast, steak or mince, in stews etc	1	2	3	4	5	6	7
Lamb, eg as a roast or chops, in stews etc	1	2	3	4	5	6	7
Pork, eg as a roast or chops, in stews etc	1	2	3	4	5	6	7
Chicken and poultry, eg as a roast, in casseroles	1	2	3	4	5	6	7

	More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never
Baked beans - canned	1	2	3	4	5	6	7
Peas, in any form	1	2	3	4	5	6	7
Leafy green vegetables eg spring greens, sprouts, broccoli	1	2	3	4	5	6	7
Chips	1	2	3	4	5	6	7
Other potatoes	1	2	3	4	5	6	7
Fresh fruit (any)	1	2	3	4	5	6	7

29 And how often, on average, does (CHILD) eat each of these foods?

Show Card A Prompt each food listed and code in grid
For 'seasonal foods' prompt if necessary "*at this time of year*".

	More than once a day	Once a day	Most days	At least once a week	At least once a month	Less than once a month	Never	(a)	
								Yes	No
Raw carrots	1	2	3	4	5	6	7	1	2
Cooked carrots	1	2	3	4	5	6	7	1	2
Other root vegetables, apart from carrots and potatoes e g parsnips, turnips, swedes	1	2	3	4	5	6	7	1	2
Button or baby mushrooms	1	2	3	4	5	6	7	1	2
Other mushrooms	1	2	3	4	5	6	7	1	2
Apples (fresh)	1	2	3	4	5	6	7	1	2
Pears (fresh)	1	2	3	4	5	6	7	1	2
Soft fruit (e g peaches, nectarines, grapes)	1	2	3	4	5	6	7	1	2
Citrus fruits (e g orange, tangerines, satsumas)	1	2	3	4	5	6	7	1	2
Fresh tomatoes	1	2	3	4	5	6	7	1	2
Cucumber	1	2	3	4	5	6	7	1	2

If child eats any of above ask for each food eaten

(a) Can you tell me whether (CHILD) usually eats the skin on (ITEM)

30. Applies if child ever eats potatoes or chips (see Q28)

DNA, never eats potatoes or chips

1

Q31

Does your child eat the skin on (TYPE OF POTATO)
always, sometimes or never?

Prompt each type of potato listed below and code in grid.

	Eaten with skin left on			Never eaten
	Always	Sometimes	Never	
Baked/jacket potatoes (cooked without fat)	1	2	3	4
Boiled new potatoes	1	2	3	4
Boiled old potatoes	1	2	3	4
Roast potatoes (in fat)	1	2	3	4
Fried potatoes or chips	1	2	3	4

31 A lot of shops and supermarkets are selling foods which are labelled as 'organic' or 'organically grown' what do you understand by the term 'organic' or organically grown?

*

32 Do you buy any 'organic' foods for your child?

Yes

1

— (a)

No

2

— Q33

(a) Do you buy organic (ITEM) for your child always, sometimes or never?

Prompt each food listed below and code in grid.

	Buys for child		
	Always	Sometimes	Never
Organic fruit	1	2	3
Organic vegetables incl dried beans or lentils	1	2	3
Organic cereal products, rice, muesli, pasta etc	1	2	3
Meat	1	2	3
Anything else (specify)	1	2	3
	1	2	3
	1	2	3

33. Do you grow any of your own fruit and vegetables, either in your garden or on an allotment?

Include : salad vegetables
Exclude : herbs

Yes 1 (a)(b)
No 2 Q34

(a) Do you grow them without using pesticides?

Yes, all 1
Yes, some 2
No, none 3

(b) Do you grow them without using artificial fertilizers?

Yes, all 1
Yes, some 2
No, none 3

34. Does (CHILD) ever put soil into his/her mouth or eat soil these days?

Yes 1
No 2

35. Thinking about any food you have in the house today, which of the following items do you have here today?

Prompt each type of food listed below and code in grid

	Has in house	Does not have in house
A breakfast cereal	1	2
Bread, or bread rolls	1	2
Milk, or liquid or powdered baby milk	1	2
A tin of baked beans or spaghetti	1	2
Eggs	1	2
Biscuits, of any kind	1	2
Potatoes	1	2
Chocolate, of any kind	1	2
Other sweets	1	2

36 Thinking now about different foods that come in cans
 How long, on average, would you keep (ITEM)
 in an opened can before eating/drinking it/them?

Show Card B

Prompt each type of food and code in grid below

	Code from Card B					Spontaneous only	
	More than a week	4 or 5 days	2 or 3 days	1 day	Use on same day	Never stored in open can	Not eaten/drunk
Canned soft drinks eg cola, lemonade	1	2	3	4	5	6	7
Canned fruit juice	1	2	3	4	5	6	7
Baked beans	1	2	3	4	5	6	7
Spaghetti	1	2	3	4	5	6	7
Canned soup	1	2	3	4	5	6	7
Corned beef	1	2	3	4	5	6	7
Canned fish, eg, sardines, tuna	1	2	3	4	5	6	7

37. At present are you giving.....(CHILD)
fluoride tablets or drops?

Yes..... 1
No 2

38. And at present (apart from fluoride tablets/drops)
are you giving(CHILD) any extra vitamins
or minerals, as tablets, pills, powders, syrups or drops?

Yes..... 1
No 2

39. Applies if taking fluoride tablets/drops
and/or supplements.

DNAX
(Qns 37 &38 coded No)

Q40

For each type taken record full description from bottle,
including brand name and product licence number;
record dose given to the child; how often taken, and form.

WRITE IN BLOCK CAPITALS

INCLUDE FLUORIDE

SUPPLEMENT 1		SUPPLEMENT 2	
Full name , incl brand:	<i>Office use only</i> <input type="text"/>	Full name , incl brand:	<i>Office use only</i> <input type="text"/>
Dose: no. of tablets, drops, 5ml spoons:	<i>Office use only</i> <input type="text"/>	Dose: no. of tablets, drops, 5ml spoons:	<i>Office use only</i> <input type="text"/>
Frequency: no. of times and period eg 3 x day	<i>Office use only</i> <input type="text"/>	Frequency: no. of times and period eg 3 x day	<i>Office use only</i> <input type="text"/>
Form: ring code	Drops 1 Pills/tablets 2 Liquid/syrup 3 Powder 4	Form: ring code	Drops 1 Pills/tablets 2 Liquid/syrup 3 Powder 4
Product licence number (if any)		Product licence number (if any)	
PL: <input type="text"/> / <input type="text"/>		PL: <input type="text"/> / <input type="text"/>	

SUPPLEMENT 3		SUPPLEMENT 4																	
Full name , incl brand	Office use only <input style="width: 100%; height: 20px;" type="text"/>	Full name , incl brand	Office use only <input style="width: 100%; height: 20px;" type="text"/>																
Dose no of tablets, drops, 5ml spoons	Office use only <input style="width: 100%; height: 20px;" type="text"/>	Dose no of tablets, drops, 5ml spoons	Office use only <input style="width: 100%; height: 20px;" type="text"/>																
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CHILD'S MEDICAL HISTORY

40. Code or ask:

Is informant child's natural mother?

Yes 1 — Q41
 No 2 — (a)

(a) Code or ask:

Is child's natural mother in the household?

Yes 1 } Q41
 No 2 }

41. Thinking back to when (CHILD) was born, was he/she born prematurely or early?

Don't know 9 — Q42
 Yes/ yes - qualified answer 1 — (a)
 No 2 — Q42

(a) How many weeks premature (early) was he/she?

*

Less than 1 week 00
 Other: specify no. of weeks →|.....

42. How much did (s)he weigh at birth?

		} see Q43
Pounds	ounces	
OR		
Grams		
Don't know/can't remember		1

43 Applies if informant is child's natural mother, (Qn 40 coded 1)

DNA, informant is not child's natural mother

.....X

Q44

Can I just check, how many children have you had, I mean all those who are living now (no matter what age) plus any who have died since birth including (CHILD)?

Exclude stillborn, step, adopted and foster children

Record number

1

(a) If more than one ask Was (CHILD) your first child, your second (or which)?

DNA, only one child

X

Q44

Record birth order number

1

Q44

44 Has (CHILD) ever had an accident which resulted in a hospital admission?

Yes
No

1
2

45 Has (CHILD) ever had an operation?

Yes
No

1
2

46. Has (CHILD) ever stayed in hospital as an inpatient, overnight or longer?

Yes
No

1
2

Exclude period after birth unless baby stayed in hospital after mother had left

47 We would like to know about bowel movements of young children (as this is linked to their diets and health) How many times did (CHILD) open his/her bowels yesterday?

Don't know

09

Q48

None

00

Q49

Write in number of times

1

Q48

48. Yesterday was his/her poo/stool normal for him/her or abnormal?

*

normal 1 — Q49
 abnormal 2 — (a)
 some normal, some abnormal 3

(a) In what way was it abnormal? Was it

**Individual
prompt**

	Yes	No
a different colour to normal?	1	2
runnier than normal?	1	2
harder than normal?	1	2
smellier than normal?	1	2
abnormal in any other way? (specify)	1	2
.....	1	2
.....	1	2

49. Applies if informant is child's natural mother

DNA, informant is not child's natural mother X — — — Q50

I'd like to ask you about how you fed (CHILD) when he/she was a baby. Did you ever put (CHILD) to the breast?

Yes (even only once) 1 — (a)(b)
 No 2 — Q51

(a) For how long did you continue breast feeding (CHILD)?

Please include the time when you were giving breast feeds and other feeds.

Record days
or weeks
or months

days
 or weeks
 or months

(b) Did you ever give (CHILD) baby or infant formula milk, or follow-on milk, like Progress or Junior Milk?

Yes 1 — Q51
 No, never 2 — Q53

<p>50 Can I check, when (CHILD) was a baby did (s)he ever have baby or infant formula milk, or follow-on milk like Progress or Junior Milk (not liquid cow's milk)?</p>	<p>Yes</p> <p>No, never</p> <p>Don't know</p>	<p>1</p> <p>2</p> <p>3</p>	<p>Q51</p> <p>Q53</p>
<p>51. At present is (CHILD), having any baby or infant formula milk, or follow-on milk like Progress or Junior Milk, even just at bedtime?</p> <p>Exclude liquid cow's milk</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>	<p>Q53</p> <p>Q52</p>
<p>52. How old was (CHILD) when he/she stopped having any baby, infant, formula or follow-on milk, even at bedtime?</p> <p>Exclude liquid cow's milk</p> <p>Prompt as necessary</p>	<p>under 1 month</p> <p>1 month - under 2 months</p> <p>2 months - under 3 months</p> <p>3 months - under 6 months</p> <p>6 months - under 9 months</p> <p>9 months - under 1 year</p> <p>1 year - under 1½ years</p> <p>1½ years - under 2 years</p> <p>2 years - under 2½ years</p> <p>2½ years - under 3 years</p> <p>3 years or older</p>	<p>00</p> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p>	

53. Nowadays, does (CHILD) have cow's milk as a drink?

- Yes 1 (b)
- No 2 (a)

(a) Has he/she ever had cow's milk as a drink?

- Yes 1 (b)
- No, never 2 Q54

(b) How old was(CHILD) when he/she started having cow's milk as a drink?

Code in grid at bottom of page

54. What kind of milk does (CHILD) usually have as a drink these days?

- Prompt as necessary
- Whole milk 01 (a) Q55
 - Semi-skimmed milk 02 (a)
 - Skimmed milk 03 (a)
 - Powdered baby milk 04 (a)
 - Does not drink milk 05 Q55
 - Other (specify) 06

(a) How old was(CHILD) when he/she first had(TYPE OF MILK) as a drink?

	Q53(b) Cow's milk	Q54(a)	
		Semi-skimmed	Skimmed
under 3 months	01	01	01
3 months - under 6 months	02	02	02
6 months - under 9 months	03	03	03
9 months - under 1 year	04	04	04
1 year - under 1½ years	05	05	05
1½ years - under 2 years	06	06	06
2 years - under 2½ years	07	07	07
2½ years - under 3 years	08	08	08
3 years - under 3½ years	09	09	09
3½ years - under 4 years	10	10	10
4 years or over	11	11	11
Don't know/can't remember	12	12	12

Prompt as necessary

55 Apart from as a drink, what kinds of milk do you give (CHILD) on cereal, in puddings etc?

Prompt
as
necessary

Code all
that
apply

Whole milk	01
Semi-skimmed milk	02
Skimmed milk	03
Powdered baby milk	04
Doesn't have <u>any</u> milk	05
Other (specify)	06

56. 'MOTHER'S ' EMPLOYMENT

DNA, no mother/female
parent-figure in household

1 - Q68

Did you do any paid work last week - that is in the seven days
ending last Sunday - either as an employee or self-employed?

Yes 1 - Q57

No 2 - Q58

57. Were you working full or part time?

Full time = more than 30 hrs
Part time = 30 hrs or less

Full time 1

Part time 2

- Q62

58. Even though you were not working did you have
a job that you were away from last week?

Yes, is on maternity leave 1 - Q62

Yes, has a job and is not on maternity leave 3 - Q62

No 2 - Q59

59. Last week were you:

waiting to take up a job that you had already obtained? 1 - Q60

**Individual
prompt**

looking for work? 2

intending to look for work but prevented by
temporary sickness or injury? 3

(Check: 28 days or less)

**Code first
that
applies**

going to school or college full time? 4
(aged 16 - 49 only)

permanently unable to work because of
long-term sickness or disability? 5 - Q61
(aged 16 - 59 only)

retired 6
(only if stopped work after 50)

looking after the home or family? 7

Or were you doing something else? (specify) 8

.....
.....

60. Apart from the job you are waiting to take up have you ever
had a paid job or done any paid work?

Yes 1 - Q62

No 2

61. May I just check, have you ever had a paid job or done any
paid work?

Yes 1 - Q62

No 2 - Q68

62 'MOTHER'S' MAIN LIFE JOB

- has only ever had one job record details of job
 - has had more than one job record details of main job
 - has never worked, but waiting to take up new job record details of new job

Job title:

Describe fully work done.

Industry.

Full time

1

Part time

2

Employee

1

(a)

Self-employed

2

(b)

(a) If employee ask or record

Manager

1

Foreman/supervisor

2

(i)

Other employee

3

(i) How many employees work(ed) in the establishment?

1 - 24

1

25 - 499

2

see Q63

500 or more

3

(b) If self-employed

Do (did) you employ other people?

Yes, Probe 1-24

1

25 or more

2

No employees

3

SOC

IND

63. Applies if 'mother' currently working or has job which she is away from, NOT on maternity leave.
Q56 coded 1 or Q58 coded 3

DNA, mother not currently working or has job but is on maternity leave 1 Q68

Thinking now about your current job, on which days of the week do you usually work?

Varies 1
Does not vary 2 (a)

(a)

Record days and hours worked: if varies, record days and hours worked last week

DAY	Works?		Times worked: (Code all that apply)			
	Yes	No	Morning 06.00 - 12.59	Afternoon 13.00 - 17.59	Evening 18.00 - 23.59	Night 00.00 - 05.59
Monday	1	2	1	2	3	4
Tuesday	1	2	1	2	3	4
Wednesday	1	2	1	2	3	4
Thursday	1	2	1	2	3	4
Friday	1	2	1	2	3	4
Saturday	1	2	1	2	3	4
Sunday	1	2	1	2	3	4

64. How many hours a week do you usually work leaving out meal breaks?

If varies: record hours worked last week

Number of hours|.....

65. Do you go out to work or work at home?

Goes out to work 1
Works at home 2
Varies on different days 3

66 When you are working is (CHILD) usually looked after at home or away from home?

If sometimes at home, sometimes away, record place child spends most time while mother working

- Looked after at home
- Looked after away from home
- Varies

1
2
3

67 At present who looks after (CHILD) while you are working?

Q67
All Q67(a)
Main

	Child's 'mother', at home	01	01
	Child's 'mother', takes child to work with her	02	02
	Child's 'father'	03	03
	Child's grandparent	04	04
Code	Child's brother/sister	05	05
all	Other relative of child in household	06	06
that	Other relative of child outside household	07	07
apply	Friend/neighbour	08	08
	Nanny	09	09
	Paid childminder	10	10
	Nurseryschool/class	11	11
	School	12	12
	Day Nursery or Creche	13	13
	Play group	14	14
	Other (specify)	15	15

(a) Applies if more than one person looks after child

Only one

X ——— Q68

Who mainly looks after (CHILD) while you are working? →

Code in column above ↑

68. TO ALL

Show Card C

At present, is (CHILD) going to any of these regularly each week?

Code those attended in grid below; INCLUDE any mentioned at Q67

None attended 9 see Q69

For each attended ask (a) - (d) and code in grid below

(a) On how many days a week does (CHILD) usually go to the (PLACE/PERSON)?

(b) Does he/she usually go there:

all day

Running prompt

mornings or afternoons only

or some other time?

(c) Does he/she usually have a meal while he/she is there?

(d) Does he/she usually have any drinks or snacks while he/she is there?

	Q68		Q68(a)	Q68(b)			Q68(c)		Q68(d)	
	Yes	No	No. of days/week child attends	Hours attended?			Meals?		Snacks?	
				all day	mornings or afternoons only	other	Yes	No	Yes	No
Play group/Play school	1	2		1	2	3	1	2	1	2
Mother and toddler group	1	2		1	2	3	1	2	1	2
Nursery school/class	1	2		1	2	3	1	2	1	2
Day nursery or creche	1	2		1	2	3	1	2	1	2
Primary/Infants school	1	2		1	2	3	1	2	1	2
Childminder	1	2		1	2	3	1	2	1	2
Other children's group or childcare (specify)	1	2		1	2	3	1	2	1	2
	1	2		1	2	3	1	2	1	2
	1	2		1	2	3	1	2	1	2
	1	2		1	2	3	1	2	1	2

69 'FATHER'S' EMPLOYMENT (male parent-figure)
If no 'father' in household, ask about HOH

Enter per no. from h'hold box →

DNA, no 'father' and 'mother' is HOH

1

Q75 mother

Did (your husband/HOH) do any paid work last week,
that is in the seven days ending last Sunday, either
as an employee or self-employed?

Yes

1

Q74

No

2

Q70

70 Even though (he) was not working, did (he) have a
job that he was away from last week?

Yes

1

Q74

No

2

Q71

71 Last week was (he)

waiting to take up a job that (he) had already obtained?

1

Q72

Individual
prompt

looking for work?

2

intending to look for work but prevented by
temporary sickness or injury?
(Check: 28 days or less)

3

Code first
that
applies

going to school or college full time?
(aged 16-49 only)

4

permanently unable to work because of long-term
sickness or disability?
(men 16-64, women 16-59 only)
retired?

5

Q73

(for women, only if stopped work after age 50)
looking after the home or family?

6

7

or was (he) doing something else? (specify)

8

72. Apart from the job (he) is waiting to take up,
has (he) ever had a paid job or done any paid work?

Yes

1

Q74

No

2

73 May I just check, has (he) ever had a paid job,
or done any paid work?

Yes

1

Q74

No

2

Q75

75 'PARENTS' EDUCATION

Ask Qns 75 and 76 about 'mother' and 'father' if present in household

Enter per no.

DNA, no 'mother'

DNA, no 'father' -----

Mother figure	Father figure
X	
	X
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

Q76

How old were you (was your husband) when you (he) finished your (his) continuous full-time education?

Not yet finished

14 or under

15

16

17

18

19 or over

No formal education

76. Please look at this card and tell me whether you (your husband) have (has) any of the qualifications listed. Start at the top of the list and tell me the first one you come to that you have/he has passed

Show Card D

Code first that applies

- Degree (or degree level qualification)
- Teaching qualification
- HNC/HND, BEC/TEC Higher, BTEC Higher
- City and Guilds Full Technological Certificate
- Nursing qualifications (SRN, SCM, RGN, RM
RHV, Midwife)
- 'A' levels/SCE higher
- ONC/OND/BEC/TEC not higher
- City and Guilds Advanced/Final
- 'O' level passes (Grades A-C if after 1975)
- GCSE (Grades A-C)
- CSE (Grade 1)
- SCE Ordinary (Bands A-C)
- Standard Grade (Levels 1-3)
- SLC Lower
- SUPE Lower or Ordinary
- School Certificate or Matric
- City and Guilds Craft/Ordinary level
- CSE Grades 2-5
- GCE 'O' level (Grades D & E if after 1975)
- GCSE (Grades D, E, F, G)
- SCE Ordinary (Bands D & E)
- Standard Grade (Level 4, 5)
- Clerical or commercial qualifications
- Apprenticeship
- CSE ungraded
- Other qualifications (specify)
- No qualifications

Mother figure	Father figure
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

		Mother figure	Father figure
77	Do you (does your husband) smoke cigarettes at all?		
	Yes	1	1
	No	2	2
Applies if mother/father smoke			
	(a) About how many cigarettes a day do you (does he) usually smoke?		
	Less than 1	00	00
	No smoked a day	1	1
	Don't know	99	99
<hr/>			
78	'MOTHER'S' PLACE OF BIRTH - female parent figure		
	DNA, no 'mother'	X	Q80
	In which country were you born?		
	England	1	
	Scotland	2	
	Wales	3	
	N Ireland	4	
	Outside UK	5	
<hr/>			
79	To which of the groups listed as this card do you consider you belong?		
	<input type="checkbox"/> Show Card E		
	<input type="checkbox"/> *		
	White	1	Q80
	Black - Caribbean	2	
	Black - African	3	(a)
	Black - Other	4	
	Indian	5	Q80
	Pakistani	6	
	Bangladeshi	7	
	Chinese	8	(a)
	None of these (include mixed race)	9	
	(a) How would you describe the racial or ethnic group to which you belong?		
	<input type="checkbox"/> *		

80. Does your household own or rent this house or flat?

	Owns - with mortgage/loan	01
	- outright	02
Prompt as necessary	Rents - local authority/new town	03
	- housing association	04
	- privately unfurnished	05
	- privately furnished	06
	- from employer	07
	- other with payment	08
	Rent free	09

81. Can I just check are you (or your husband) currently receiving Family Credit?

Yes.....	1
No	2

82. And have you (or your husband) drawn Income Support at any time in the last 14 days?

Yes.....	1
No	2

83. Could you please look at this card and tell me which group represents the gross income of the whole household?

Please include income from all sources before any compulsory deductions such as income tax, national insurance and superannuation contributions.

Show Card F

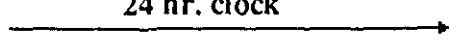
Group number	1
Don't know	88
Refused.....	99

Remind informant who is included in the household

84.

Enter finish time for questionnaire

24 hr. clock



Hours	Mins.

CHILD'S ANTHROPOMETRIC MEASUREMENTS

The measurements of height, and supine length for children under age 2, mid-upper arm circumference, head circumference and weight may be made in any order, and at any visit except blood taking

If no measurements made ring code
and specify reasons



1

GO TO PAGE 47

M1. Child's weight (kilograms)

	.	
--	---	--

(a)

(a) Date measured

Day	Mth	Yr
		9 3

(c)

(b) If refused, ring code and specify reasons

1 next measurement

(c) Ring code if scales placed on:

Code all that apply

- Uneven floor
- Carpet

1
2 (d)

(d) Ring code to show whether measurement made at:

- 1st attempt
- 2nd attempt
- Other (specify number)

1
2
----- (e)

(e) Specify any special circumstances that might have affected weight

Code all that apply

- No special circumstances
- Wearing dry terry nappy
- Wearing dry disposable nappy
- Other (specify)

9
1
2
3 next measurement

M2 Child's head circumference (cms) →

	·	
--	---	--

 (a)

Use standard tape

(a) Date measured →

Day	Mth	Yr
_	_	9 3

 (c)

(b) If refused, ring code and specify reasons →

1
1
_ 2
9
1

next measurement

(c) Ring code to show whether measurement made at:

1st attempt

2nd attempt

Other (specify number)

(d)

(d) Specify any special circumstances that might have affected head circumference measurement

No special circumstances

Special circumstances (specify below)

next measurement

M3. Child's mid upper arm circumference (mms)

Use TALC insertion tape

--

(a)

(a) Date measured

Day	Mth	Yr
		9 3

(c)

(b) If refused, ring code and specify reasons

1 next measurement

(c) Ring code to show whether measurement made at:

1st attempt

1

2nd attempt

2

Other (specify number)

(d)

(d) Specify any special circumstances that might have affected mid upper arm circumference measurement

No special circumstances

9

Special circumstances (specify below)

1

next measurement

M4 Child's standing height (m) → · (a)

(a) Date measured →

Day	Mth	Yr
		9 3

 (d)

(b) If refused, ring code and specify reasons →

1	
---	--

 next measurement

(c) Ring code if standing height not measured because child under 0.750m →

1	
---	--

 next measurement

(d) Ring code to show whether measurement made at:

1st attempt	1	(e)
2nd attempt	2	
Other (specify number)		

(e) Ring code if height affected by

Height <u>not</u> affected	9	next measurement
Hairstyle	1	
Turban	2	
Posture - back not straight	3	
Posture - legs not straight	4	
Unable to stand still	5	
Other (specify)	6	

Code all that apply

M5. Child's supine length (m)

Applies to children under age 2 at time of measuring

DNA, aged 2 or over

9

next measurement or M6

Supine length

Deduct 0.100 from Digi-Rod display if spacer block used

(a)

Day	Mth	Yr
		9 3

(a) Date measured

(b)

(b) Ring code if spacer block used

1

(d)

(c) If refused, ring code and specify reasons

1

M6

(d) Ring code to show whether measurement made at:

1st attempt

1

2nd attempt

2

Other (specify number)

(e)

(e) Ring code if supine length affected by:

Supine length not affected

9

Hairstyle

1

Turban

2

Posture - cannot lie flat

3

Posture - cannot straighten legs

4

Unable to lie still

5

Other (specify)

6

next measurement or M6

Code all that apply

M6

Check to be completed in every case	Tick
Weight measured or attempted _____	
Head circumference measured or attempted _____	
Mid upper arm measured or attempted _____	
Height measured or attempted _____	
Supine length DNA - child aged 2 or over _____	
or measured or attempted _____	

M7

M7 When all measurements made or attempted ask.

HEIGHT OF NATURAL PARENTS

Only applies if natural parent(s) in household

There is often a link between a child's height and the height of his/her natural parents

CODE OR ASK

Are you (and your husband) the natural parents of (CHILD)

Code first that applies

- Both are natural parents 1 (a) (b)
- Only mother is natural parent 2 (a)
- Only father is natural parent 3 (b)
- Neither are natural parents 4 go to p 47

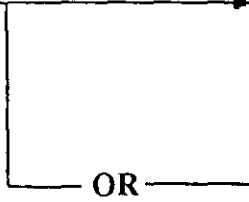
(a) Natural mother's height

Feet	Inches
cms	

OR

(b) Natural father's height

Feet	Inches



cms

GO TO PICK UP INTERVIEW PAGE 47

OFFICE USE ONLY

M1/INVAL

1

M2/INVAL

2

M3/INVAL

3

M4/INVAL

4

M5/INVAL

5

FOLLOW-UP QUESTIONNAIRE TO BE ASKED AT PICK-UP CALL

F1 Interviewer code

Dietary record refused

1

Partial dietary record

2

4 day dietary record

3

(a)

F2

(a) Specify reasons dietary record refused/partial dietary record

F2 Applies if partial or 4 day dietary record obtained

DNA, no dietary record

X

F23

Interviewer code

Bowel movements card fully/partially completed

1

F3

No bowel movements card

2

(a)

(a) Specify reasons why no bowel movements card

GO TO F3

Start time for follow-up questionnaire
(use 24hr clock) →

Hours	Mins

F3. Record or ask

Who weighed and recorded the food and drink entered in the diary? Please include all those people who did any weighing and recording.

Code all that apply

- Child's 'mother'
- Child's 'father'
- Child's brother(s) or sister(s)
- Other relative of child
- Nanny or childminder
- Other (specify)

F3	(a)
1	1
2	2
3	3
4	4
5	5
6	6

(a) Applies if more than one person recording/weighing

DNA, one personX

F4

Who did most of the weighing and recording?

RING CODE IN COLUMN ABOVE

F4. Were there any foods that were impossible to weigh?

- Yes
- No

1	(a)
2	F5

(a) Which foods were these?

F5. Were there any situations, apart from when your child ate away from home, when it was not possible to weigh what your child was eating?

- Yes
- No

1	(a)
2	F6

(a) What situations were these?

F6 Were there any occasions when you forgot to weigh and record any food or drink that your child had?

Yes
No

1
2

(a) (b) (c)
F7

(a) How often did this happen?

Several times a day
About once a day
Once or twice during the 4 days
Other (specify)

1
2
3
4

(b) What sorts of foods or drink did you forget to weigh?

(c) What did you do if you forgot to weigh something?

Prompt as necessary
Code all that apply

Missed it out completely
Put it in the diary with no weight
Weighed a similar item and entered this weight in the diary instead
Noted it down in the eating out diary
Other (specify)

1
2
3
4
5

F7 Do you consider your child to be a messy eater?

Yes
No

1
2

(a)
F9

(a) Did this cause you any problems with keeping the diary?

Yes
No

1
2

(i)
F8

(i) What sorts of problems did you have?

*

F8. If your child made a mess with their food did you manage to scrape it up and reweigh it as leftovers:

Running
prompt

- always 1
- most of the time 2
- only sometimes 3
- or never? 4

F9. If your child ever left any of the food he/she was served, did you remember to weigh the leftovers and write the weight of them down in the diary:

Never any leftovers = code 1

Running
prompt

- always 1
- most of the time 2
- only sometimes 3
- or never? 4

F10. If any food was wasted or eaten by someone else and therefore could not be reweighed as leftovers, did you remember to write this down in the diary:

Never wasted or eaten by somebody else = code 1

Running
prompt

- always 1
- most of the time 2
- only sometimes 3
- or never? 4

F11 During the (4) days that you were weighing and recording your child's food do you think you offered your child more, less or about the same amount of (ITEM) as usual?

Prompt each item listed below and code in the grid

	DNA, never eats item	Foods offered to your child		
		More	Less	Same
Biscuits	9	1	2	3
Sweets	9	1	2	3
Crisps	9	1	2	3
Drinks	9	1	2	3
Snacks	9	1	2	3

F12 On the whole, do you think that you offered your child

Running prompt	bigger	1
	smaller	2
	or the same size portions as usual while you were keeping the diary?	3

F13 During the (4) days do you think your child ate out of the home including at friends or nursery

Running prompt	more often	1
	less often	2
	or about the same as usual?	3

F14 While you were weighing and keeping the diary, did you give your child food that was easier to weigh than you would normally give him/her?

Yes, easier to weigh	1
No, same as usual	2

F15. Do you think you changed your child's normal diet in any other way during the time you were weighing his/her food?

Yes 1 — (a)

No 2 — F16

(a) In what way did you change your child's normal diet?

*

F16. Do you think you weighed and recorded the food more accurately at:

Running prompt	the beginning of the diary,	1	
	or towards the end of the diary	2	
	or was there no difference over the (4) days?	3	

F17. Did you always weigh each item or did you sometimes copy down the weight from a previous occasion, for example, the weights of biscuits, drinks or any other item your child has regularly?

Weighed every item	1	— F18
Sometimes copied down weights	2	— (a)

(a) Which items were weights copied over from?

F18 Ask or record

Did the eating out diary have to be left with someone else, for example a childminder or playgroup worker, for them to record food and drink eaten by your child?

Yes 1 (a)
 No 2 F19

(a) Were there any problems in keeping the eating out diary when your child was with someone else?

Yes 1 (i)
 No 2 F19

(i) What were these problems?

*

F19 Did you have any other problems with the weighing and recording of what your child had to eat and drink during the (4 day) period?

Yes 1 (a)
 No 2 F20

(a) What were these problems?

*

F20. (During the past few days/while you were keeping the diary) has(CHILD) been unwell at all; has he/she:

Individual prompt

been teething?.....

had any diarrhoea?

been sick or vomited?.....

been unwell in any other way (specify)

.....

.....

Yes No

1 2

1 2

1 2

1 2

1 2

1 2

(a) Applies if any F20 coded 'yes'

DNA, not unwell during diary days.....

1

- F21

On which day did he/she have (..... PROBLEM)

	Day 1	Day 2	Day 3	Day 4
DNA, not unwell this day	9	9	9	9
DNA, no diary this day	8	8	8	8
teething.....	1	1	1	1
diarrhoea	2	2	2	2
vomiting	3	3	3	3
other (specify)	4	4	4	4
.....	5	5	5	5
.....	6	6	6	6

(b) Ask for each day on which child was unwell

Did being unwell affect his/her eating habits on this day?

Yes, eating affected.....

1

1

1

1

No, eating not affected.....

2

2

2

2

RECORD COMMENTS AND PROBE AMBIGUITIES

F21 Have there been any (other) unusual circumstances which have affected (CHILD'S) eating habits (during the past few days/while you were keeping the diary)?

Yes

1

(a)

No

2

F22

(a) What has been different about eating habits over these days?

(CHILD'S)

*

F22 Is there anything you would like to say about the diary you kept for your child?

Yes (specify)

1

No

2

Finish time for follow-up questionnaire (use 24hr clock)

Hours	Mins

F23

F23. Applies to all

If kept diary ask: Since you started keeping the diary, that is, since last, has (CHILD) been taking any medicines, tablets or pills that have been prescribed for him/her by a doctor?

If no diary ask: At present, is (CHILD) taking any medicines, tablets or pills that have been prescribed for him/her by a doctor?

Include prescribed creams, drops, injections, inhalers etc.

Yes, taking prescribed medicines

1 (a)

No prescribed medicines

2 F24

For each prescribed medicine ask (a)
(a) What is it? Has it a brand name?

Ask to see all containers for prescribed medicines being taken (during recording period/now). Record the full names of each prescribed medicine in the grid below.

PLEASE USE BLOCK CAPITALS

PRESCRIBED MEDICINE 1		PRESCRIBED MEDICINE 2	
Full name:		Full name:	
Brand name:		Brand name:	
Strength:	<i>Office use only</i> <input type="text"/>	Strength:	<i>Office use only</i> <input type="text"/>
Product licence no:		Product licence no:	
P/L	<input type="text"/>	P/L	<input type="text"/>

PRESCRIBED MEDICINE 3	PRESCRIBED MEDICINE 4
Full name	Full name
Brand name	Brand name
Strength <i>Office use only</i>	Strength <i>Office use only</i>
Product licence no	Product licence no
P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
PRESCRIBED MEDICINE 5	PRESCRIBED MEDICINE 6
Full name	Full name
Brand name	Brand name
Strength <i>Office use only</i>	Strength <i>Office use only</i>
Product licence no	Product licence no
P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
PRESCRIBED MEDICINE 7	PRESCRIBED MEDICINE 8
Full name	Full name
Brand name	Brand name
Strength <i>Office use only</i>	Strength <i>Office use only</i>
Product licence no	Product licence no
P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	P/L <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>

F24. INTERVIEWER'S ASSESSMENT SHEET

To be completed in every case where diary kept.

DNA, no diary X

F25

Please record your own assessment of the quality of weighing and recording in the home record and eating out diary. Note any circumstances that you think might have affected eating habits or the quality of the diaries

A large, empty rectangular box with a thin black border, intended for the interviewer's assessment of the quality of weighing and recording in the home record and eating out diary.

F25 INTERVIEWER'S PROGRESS CHECK	Tick if full or partial	Ring if DNA or refused
Collect home record diary, with any wrappers (E)	-----	X
eating out diary, with any wrappers (F)	-----	X
bowel movements chart (Q)	-----	X
Collect scales (and box) and bowl	-----	X
Complete incentive payment letter and form (if 4 day diary) (Y)	-----	X
Complete measurements of child	-----	X
Collect measuring equipment		
Scales	-----	X
TALC tape and pen	-----	X
Tape	-----	X
Digi-rod and block	-----	X
Record measurement of parents' height	-----	X

F26. To be completed after asking dental recall questions at final call

Copy code from Q1 on dental recall sheet

- Yes, to interview and examination 1
- Yes, to interview only 2
- Yes, other/conditional 3
- No 4
- Dental recall qns not asked 5 (a)

(a) Specify reasons why dental recall qns not asked

1. **More than once a day**
2. **Once a day**
3. **Most days**
4. **At least once a week, but not most days**
5. **At least once a month, but less often than
once a week**
6. **Less than once a month**
7. **Never**

1. **More than a week**
2. **No more than 4 or 5 days**
3. **No more than 2 or 3 days**
4. **No more than 1 day**
5. **Use on same day**

- 1. Playgroup or play school**
- 2. Mother and toddler group**
- 3. Nursery school or nursery class**
- 4. Day nursery or creche**
- 5. Primary or infants school**
- 6. Childminder**
- 7. Other children's group or childcare**

Degree (or degree level qualification)

Teaching qualification

**HNC/HND, BEC/TEC Higher, BTEC Higher
City and Guilds Full Technological Certificate
Nursing qualifications (SRN, SCM, RGN, RM,
RHV, Midwife)**

'A' levels/SCE higher

**ONC/OND/BEC/TEC not higher
City and Guilds Advanced/Final level**

'O' level passes (Grade A-C if after 1975)

**GCSE (grades A-C)
CSE Grade 1
SCE Ordinary (Bands A-C)
Standard Grade (Level 1-3)
SLC Lower
SUPE Lower or Ordinary
School Certificate or Matric
City and Guilds Craft/Ordinary level**

CSE Grades 2-5

**GCE 'O' level (Grades D&E if after 1975)
GCSE (Grades D,E,F,G)
SCE Ordinary (Bands D&E)
Standard Grade (Level 4,5)
Clerical or commercial qualifications
Apprenticeships**

CSE ungraded

Other qualifications (specify)

No qualifications

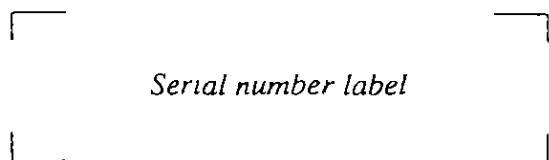
- 1. White**
- 2. Black-Caribbean**
- 3. Black-African**
- 4. Black-Other**
- 5. Indian**
- 6. Pakistani**
- 7. Bangladeshi**
- 8. Chinese**
- 9. None of these**

GROSS HOUSEHOLD INCOME

per week	Group	per year
less than £40	01	less than £2,000
£40 - less £80	02	£2,000 - less £4,000
£80 - less £120	03	£4,000 - less £6,000
£120 - less £160	04	£6,000 - less £8,000
£160 - less £200	05	£8,000 - less £10,000
£200 - less £240	06	£10,000- less £12,000
£240 - less £280	07	£12,000- less £14,000
£280 - less £350	08	£14,000- less £18,000
£350 - less £400	09	£18,000- less £20,000
£400 - less £500	10	£20,000- less £25,000
£500 - less £600	11	£25,000- less £30,000
£600 or more	12	£30,000 or more

N1340 YOUNG CHILDREN'S DIETARY SURVEY

BOWEL MOVEMENTS



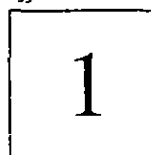
Please keep a record of the number of bowel movements your child has each day that you keep the food record diary

On the first day that you keep a record of what your child eats write in the day in the 1st column, for example, Thursday

When your child has a bowel movement that day circle the number 1 in the 2nd column. If your child is in nappies, and when you get him or her up in the morning he or she has a dirty nappy, count that as the first bowel movement. If your child has a second bowel movement that day circle number 2, and so on.

Keep a record for each of the four days, ending at midnight on the fourth day. If your child does not have a bowel movement on any day please circle the number 9 in the 3rd column.

Office use only



Day	Number of bowel movements				No bowel movements
day	1	2	3	4	9
	5	6	7	8	
day	1	2	3	4	9
	5	6	7	8	
day	1	2	3	4	9
	5	6	7	8	
day	1	2	3	4	9
	5	6	7	8	

The interviewer will collect this sheet when s/he collects the completed food diary

Thank you for your help



CONFIDENTIAL
N1340/W4 NATIONAL DIET AND NUTRITION SURVEY,
CHILDREN AGED 1½ - 4½ YEARS

Serial no label

Sex

Boy Girl

--	--

--	--	--	--

Interviewer number

Date of Birth

--	--	--	--

HOME RECORD BOOK

Please record all food and drink
as shown inside. Thank you

The interviewer will call again on

Day	Date	Time

Office of Population Censuses and Surveys
Social Survey Division
St Catherines House
10 Kingsway London WC2B 6JP

Home Record Book

These instructions tell you how you to describe the food and drink items you weigh. You should also read the instructions at the front of the eating out diary.

Please read through all these notes carefully before starting the 4 days of weighing and recording. The interviewer will go over the main points with you, and can help with any difficulties you might have. The check list card is a quick reminder of how to use the scales and record food items.

DESCRIBING FOOD AND DRINK; as full a description of each food and drink, together with its brand name is needed.

Column A: Write down the time the food will be eaten, indicating whether the time was a.m. or p.m. Each plate entry should have a time written in this column. If you are preparing food for your child to take out of the home for lunch tomorrow, record the information on tomorrow's sheet.

Column B: Tick the first box if the food is being eaten at home; tick the second box if the food was eaten away from home.

Column C: Tick the first box if you are the child's mother or father recording the food and drink; tick the second box if you are someone else, eg the nanny, childminder, child's grandmother recording the food or drink.

Column D: Write down the brand or product name of the food. Please give as much information as possible. Describe each item ON A SEPARATE LINE. Fresh meat, fresh fish, fresh fruit and vegetables, doorstep milk, unwrapped bread and cakes and other fresh foods which are not pre-packed (cheese, cooked meats and pasta which are not pre-packed) do not need brand or product names. In these cases no information is required, so leave the space in this column blank. Do NOT write in the name of the shop where the item was bought. However, remember to record 'own brand' names in this column, eg Sainsbury's (baked beans).

Column E: Write down the description of the food. Please give as much information as possible - type of food, name, and how it was cooked. If the food was fried or roasted, please write down the type of fat or oil it was cooked in. If the food includes homemade pastry please write down the type of fat used to make the pastry. If the food was a bought dessert, for example, a yoghurt or fromage frais, write down what flavour it was and whether it was low fat, diet/ reduced sugar or not. If you need to, you may use more than one line, but please put EACH SEPARATE ITEM ON A SEPARATE LINE. If the item was a cooked dish made from several items, for example, Shepherd's pie, weigh the whole portion and describe it as Shepherd's pie in the diary. Do not try to weigh the potato and meat parts separately. Write down the recipe used to make the dish on the back of the previous page.

Column F: If the food item is fresh fruit or fresh vegetables please tick a box in this column against the item to show whether it was homegrown or not. By homegrown, we mean grown IN YOUR OWN GARDEN OR ALLOTMENT.

Column G: Write in the weight of the food or drink.

Column H: We need to know the weight of any leftovers, including any inedible parts, such as fruit stones or peel. You should weigh the plate with the leftovers on it and write the weight in column H next to the weight you wrote down for the empty plate. Make sure to put a tick next to each item of food left.

Column J: If something is spilt or eaten by someone other than the child and therefore not reweighed as leftovers, tick the box in column J. Write in the space along side the item about how much of the original item you think was lost; for example, "about 1/2 spilt". If it was a plateful of different foods that were spilt and you cannot estimate how much of each individual item was lost then bracket together all the items that were lost and estimate how much of the original plateful was lost.

For foods that already come in containers like yoghurt or trifles you can weigh the full container and then weigh the container again when your child has eaten the food. Or, if you prefer, you can tip out the food into a bowl which you have just weighed.

To weigh bread and butter or anything else you spread on bread, start by weighing the plate as usual. Press the button again to set the scale back to zero and weigh the bread. Press the button again to set the scale back to zero then remove the bread and quickly spread the butter. Put the bread back on the scales and it will show the weight of the butter or margarine you have just spread. Now set the scale back to zero and then remove the bread again to quickly spread the jam or marmalade. Put the bread back on the scale and it will show the weight of the jam you have put on. If the scales switch off before you have buttered your bread, or spread the filling, do not worry. Switch the scales on again and record the total weight of plate, bread, butter etc. However, please make a note against the entry to show what happened, for example, 'total weight of plate, one slice of toast, butter, marmalade'.

Children have a lot of drinks during the day. We need to know about ALL of them. If your child has a drink of squash, please weigh the concentrate and water separately and give a full description of the squash in column E. The 'Check List For Weighing' card has a step-by-step guide to weighing squash to help you.

A COMPLETED PAGE IN THE HOME RECORD BOOK SHOULD LOOK LIKE THIS

Day <i>Friday</i> day Date <u>0</u> <u>3</u> <u>0</u> <u>7</u> <u>0</u> <u>2</u>		TICK A BOX TO SHOW WHICH DAY THIS IS DAY <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				OFF USE DAY OF WEEK	TICK A BOX TO SHOW WHETHER CHILD IS WELL OR UNWELL TODAY Well <input checked="" type="checkbox"/> Unwell <input type="checkbox"/> 2		Serial Number					
Please use a separate line for each item eaten write in weight of plate leave a line between different plate entries														
A Time eaten am/pm	B TICK A BOX Food eaten at		C TICK A BOX Weighed by		D Brand name of each item in full (except for fresh produce)	E Full description of each item including whether fresh, frozen, dried, canned what flavour, whether sweetened how cooked, what type of fat used in	F If fresh fruit or veg was it home grown? TICK BOX		G Weight served gms	H Weight of plate & leftovers TICK ITEMS LEFT OVER	OFFICE USE ONLY			J If any of this item was split or eaten by someone else and therefore not reweighed as leftover and estimate how much of the original item was lost Give details of any other problems
	home	away	mother	other			Yes	No			Eat weight? Tick if YES	Brand	Food	
8:05am	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2		Sowl	<input type="checkbox"/>	<input type="checkbox"/> 2	410	442				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	1 energy	Coco - pops	<input type="checkbox"/>	<input type="checkbox"/> 2	57		<input checked="" type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	Uniqare	Whole milk pasteurised Silver top	<input type="checkbox"/>	<input type="checkbox"/> 2	63		<input checked="" type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	Silver Spoon	Sugar (granulated)	<input type="checkbox"/>	<input type="checkbox"/> 2	6		<input checked="" type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/> 2						<input type="checkbox"/>
8:05am	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2		Gluss	<input type="checkbox"/>	<input type="checkbox"/> 2	220					<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	Tea	Orange juice unsweetened white	<input type="checkbox"/>	<input type="checkbox"/> 2	14					<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2		drilled with tap water	<input type="checkbox"/>	<input type="checkbox"/> 2	30					<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/> 2						<input type="checkbox"/>
11am	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2		Plate	<input type="checkbox"/>	<input type="checkbox"/> 2	7					<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	Champion	Sliced soft grain bread 2 slices toasted	<input type="checkbox"/>	<input type="checkbox"/> 2	70					<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	Heru	Marmite	<input type="checkbox"/>	<input type="checkbox"/> 2	0					<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2		Marmite	<input type="checkbox"/>	<input type="checkbox"/> 2	0					<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/> 2						<input type="checkbox"/>

CHECK LIST

EACH PAGE SHOULD HAVE
day and date
whether child was well or unwell that day

WHEN RECORDING
ALL food should be weighed on a plate and all drinks weighed in a container

Weigh the plate or container first

Foods that come in pots or containers and are eaten from them such as yoghurt, should be weighed before and after contents are eaten

Start each new food item on a separate line you can use more than one line to write the description of a food.

Leave a line before starting a new plate or container

REMEMBER
Record ALL drinks including tap water

Record ALL vitamin and mineral supplements including fluoride supplements

Record ALL condiments (eg tomato sauce) used at the table

Show by a tick in column F whether fresh fruit and vegetables were home grown

Weigh all leftovers on the plate or in the container and tick those foods which have been left in column H

Show in column J whether any of the original item was lost or spilt and could not be reweighed Estimate the proportion of food or drink lost

PLEASE START A NEW PAGE FOR EACH DAY EVEN IF ONLY SOME OF THIS PAGE IS USED

Day day Date <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	TICK A BOX TO SHOW WHICH DAY THIS IS DAY 1 2 3 4 <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/> <input style="width:20px; height:20px;" type="checkbox"/>	OFF. USE DAY OF WEEK	TICK A BOX TO SHOW WHETHER CHILD IS WELL OR UNWELL TODAY Well <input style="width:20px; height:20px;" type="checkbox"/> Unwell <input style="width:20px; height:20px;" type="checkbox"/>	Serial Number
--	--	-------------------------	---	---------------

Please use a separate line for each item eaten: write in weight of plate; leave a line between different 'plate' entries

A	B		C		D	E	F		G	H	OFFICE USE ONLY			J
	Time eaten am/pm	TICK A BOX Food eaten at	TICK A BOX Food eaten away	TICK A BOX Weighed by mother			TICK A BOX Weighed by other	Brand name of each item, in full (except for fresh produce)			Full description of each item including: - whether fresh, frozen, dried, canned - what flavour, whether sweetened - how cooked, what type of fat food fried in	If fresh fruit or veg, was it home grown? TICK BOX Yes No	Weight served gms	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2						<input type="checkbox"/> 1	

Serial no label

Eating Out Diary

Mothers/carers - Please use this notebook to write down any food or drink the child has while away from home, even if the food was brought from home

Carers - Please hand this notebook back to the mother each day

OPCS
St Catherine's House
10 Kingsway
London WC2B 6JP

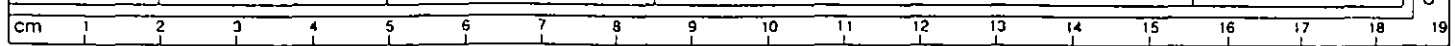
VA435 1/93

Serial Number

Please start a new page for each day even if only some of this page is used

Day		Date		
Time eaten am/pm	Place where item was eaten	Brand name, in full, unless fresh produce	Description, including price, where it was bought, and quantity	Any leftovers?

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CHECK LIST FOR WEIGHING

Turn scales on and wait until 'O' is displayed. The scales are now ready for use.

Weigh your plate or other container and record weight in diary.

Leave plate or container on scales and press button to set scales back to 'O'.

Put first food item on plate or in container on scales and record weight.

Leave plate or container on scales, and press button again to set scale back to 'O'.

Repeat the same procedure for all other food items.

Remove plate or container from scales.

Press button twice to switch off scales.

Example

Weighing a drink of orange squash,

- turn on scales, wait till 'O' appears,
- weigh cup or glass, record weight,
- press button to zero scales,
- add orange squash concentrate,
- record weight and description of squash,
- press button to zero scales,
- add water,
- record weight and description of water (ie tap water),
- remove cup of squash,
- press button twice to turn off scales.

Note You can remove the cup or plate from the scales to add water or any other item as long as you zero the scales **before** you remove it. The scales will display a negative number until you return the cup or plate to the scales.

CHECK LIST FOR RECORDING IN THE DIARY

EACH PAGE SHOULD HAVE:

day and date;

whether child was well or unwell that day.

WHEN RECORDING:

ALL food should be weighed on a plate and all drinks weighed in a container.

Weigh the plate or container first.

Enter the time, am or pm, against each plate or container entry.

Foods that come in pots or containers and are eaten from them, such as yoghurt, should be weighed before and after contents are eaten.

Start each new food item on a separate line; you can use more than one line to write the description of a food.

Leave a line before starting a new plate or container.

REMEMBER:

Record **ALL** drinks, including tap water.

Record **ALL** vitamin or mineral supplements, including fluoride supplements.

Record **ALL** medicines.

Record **ALL** condiments (eg tomato sauce) used at the table.

Show, by a tick in column F, whether fresh fruit and vegetables were home grown.

Weigh all leftovers on the plate or in the container, and tick those foods which have been left in column H.

Show in column J whether any of the original item was lost or spilt and could not be reweighed. Estimate the proportion of food lost.

Bought Form

Fresh
 Frozen, chilled
 Canned, bottled
 Dried, dehydrated
 Ready-meal
 Smoked, not smoked

Cooking Method

Uncooked, raw
 Rehydrated, reconstituted
 Boiled, stewed, casseroled
 Poached, in milk or water
 Steamed
 Baked - no added fat ?
 Grilled - added fat ?
 Deep fried } what fat ?
 Shallow fried }
 Roasted - added fat
 Microwaved - with fat = fried, grilled with fat
 Microwaved - with little water = boiled

Leftovers

Meat fat, bones, skin
 Fish bones, skin
 Fruit skin, peel, stones, pips

Coatings

Flour
 Batter egg, flour and milk
 Crumbs and eggs?

Brand Codes

Herbal teas, infant herbal drinks
 Mineral waters, soft drinks
 Artificial sweeteners

Meat Preparation

Fat trimmed before eating or cooking
 Fat skimmed from meat dishes
 Lean and fat eaten, or only

Gravy and sauces

Thickened with flour, cornflour, Bisto, Gravy
 Granules
 Skimmed, fat skimmed or no added fat
 Casseroles thickened, skimmed with
 vegetables/potatoes

Pastry

One or two crusts
 Type of pastry shortcrust, flaky
 Type of flour white, wholemeal
 Type of fat

Soft drinks

Juice, juice drink
 Pasteurised, UHT
 Sweetened, unsweetened
 Canned, bottled, cartons
 Decaffeinated, not decaffeinated
 Carbonates Cola, lemonade, other
 Diet, not diet
 Fortified, not fortified

Water - code brand

Bottled, not bottled

Artificial Sweeteners - code brand

Record and code separately

Fats and oils

Blended vegetable oil home fried or takeaway
 Butter, salted or unsalted
 Dripping
 Lard
 Margarine, NOT polyunsaturated
 Polyunsaturated margarine or oil

Dairy Products

Low fat, full fat
 Milk skimmed, semi-skimmed, whole, UHT
 Yogurt very low fat, low fat, creamy, UHT,
 sweetened with sugar, artificial sweetener,
 unsweetened, fortified, not fortified
 Cheese low fat, full fat, made with sunflower oil

Vegetables

Homegrown, not homegrown
 Carrots old, new
 Potatoes old, new

Chips

Old/new potatoes, fresh/frozen
 Cut crinkle, straight, fine, thick
 Oven ready, fried
 Fat used

Fruit

Canned in syrup, canned in juice
 Fruit only, fruit and juice/syrup
 Sweetened with sugar, artificial
 sweetener, or unsweetened
 Homegrown, not homegrown

GUIDE WEIGHTS - typical portion sizes for children aged 1½ to 4½ years

Note: these weights are a guide; reported weights outside these ranges may be correct, but should have a note to explain the circumstances. You should only use this sheet in the early days of the fieldwork. After the first two weeks of fieldwork you should rely on your own experience.

Approximate conversion (grams \longrightarrow pounds/ounces)

454	gms = 1lb
228	gms = 8oz
114	gms = 4oz
60	gms = 2oz
30	gms = 1oz

FOOD	WEIGHT(g)
Ready Brek (dry)	20
Rice Krispies	20
Shreddies	25
Weetabix (one)	20
White bread (one slice)	30
White bread without crust (one slice)	21
Fat spread on a slice of bread	4 - 12
Cheddar cheese	20
Spaghetti canned in tomato sauce	40 - 200
Baked beans canned in tomato sauce	50 - 150
Fish finger (one)	20 - 25
Sausage (large)	60
Sausage (small/chipolata)	35
Chicken meat	30
Ham	20
Carrots boiled	20 - 80
Peas boiled	10 - 50
Potatoes mashed/boiled	40 - 120
Chips	40 - 120
Yoghurt	100 - 150
Fromage Frais	40 - 100
Apple (one)	80 - 160
Digestive biscuit (large)	17
Digestive biscuit (small)	13
Semi-sweet biscuit, e.g. Marie	7
Cream sandwich biscuit, e.g. custard cream	12
Short sweet biscuit, e.g. cookies, crunch	10
Pink wafer biscuit	7
Children's milk chocolate bar, e.g. Wildlife	20
Square of chocolate (one)	7
Finger of Fudge bar	30
Treat sized bars	15 - 20
Crisps, one packet	25 - 30
Cornsnacks, one packet	20 - 25
Drinks	50 - 200
Carton of drink	200 - 250
Squash concentrate	30

Fats for SPREADING - alphabetical list

FAT	DESCRIPTION	% FAT
Anchor Half Fat Spread	low fat spread not polyunsaturated	40%
Anchor Low Fat Spread	low fat spread, not polyunsaturated	40%
Asda Golden Soft	low fat spread, not polyunsaturated	40%
Asda Sunflower Low Fat Spread	low fat spread, polyunsaturated	40%
Banquet soft margarine	soft margarine not polyunsaturated, not low fat	
Beef fat	SPECIFY flag entry	
Blue Band sunflower margarine	soft margarine polyunsaturated, not low fat	
Blue Leaf soft margarine	soft margarine, not polyunsaturated not low fat	
Butter concentrated	SPECIFY, flag entry	
Butter salted or slightly salted	butter, salted slightly salted	
Butter unsalted	butter, unsalted	
Butter, spreadable	butter salted, slightly salted	
Clover	reduced fat spread not polyunsaturated	70 - 80%
Clover, lightly salted	reduced fat spread, not polyunsaturated	70 - 80%
Clover Extra Lite	low fat spread, not polyunsaturated	40%
Co-op Good Life Low Fat Sunflower Spread	low fat spread, polyunsaturated	40%
Co-op Red Seal Soft Spread	reduced fat spread, not polyunsaturated, not olive oil	60%
Dairy Crest Willow	reduced fat spread, not polyunsaturated	70 - 80%
Delight	low fat spread not polyunsaturated	40%
Delight Extra Low	very low-fat spread, not polyunsaturated	20 - 25%
Echo hard margarine	hard, block margarine	
Encore Sol	soft margarine, polyunsaturated not low fat	
Encore Sol Light	low fat spread polyunsaturated	40%
Encore Supersoft Luxury margarine	soft margarine not polyunsaturated not low fat	
Flora	soft margarine polyunsaturated, not low fat	
Flora Extra Light	low fat spread, polyunsaturated	40%
Flora reduced salt	soft margarine, polyunsaturated not low fat	
Gold (St Ivel)	low fat spread not polyunsaturated	40%
Gold Lowest (St Ivel)	very low fat spread not polyunsaturated	20 - 25%
Gold for cooking	reduced fat spread, not polyunsaturated not olive oil	60%
Golden Crown (Golden Churn)	reduced fat spread not polyunsaturated	70 - 80%
Golden Crown Light	reduced fat spread not polyunsaturated not olive oil	60%
Golden Olive	low fat spread with olive oil	40%
Golden Vale	reduced fat spread not polyunsaturated	70 - 80%
Granose	soft margarine polyunsaturated not low fat	
Half Fat Anchor	low fat spread not polyunsaturated	40%
Half fat butters - own brand	low fat spread, not polyunsaturated	40%
Hard margarine - own brand	hard block margarine	
'I can't believe it's not butter'	reduced fat spread polyunsaturated	70 - 80%

Kerrygold Light	low fat spread, not polyunsaturated	40%
Kraft Special Soft	reduced fat spread, not polyunsaturated	70 - 80%
Krona (gold/silver label)	reduced fat spread, not polyunsaturated	70 - 80%
Krona Spreadable	reduced fat spread, not polyunsaturated, not olive oil	60%
Latta	low fat spread, polyunsaturated	40%
Marks and Spencer Olive	reduced fat spread with olive oil	60%
English Churn	reduced fat spread, not polyunsaturated	70 - 80%
Sunglow	low fat spread, not polyunsaturated	40%
Sunflower Lite	low fat spread, polyunsaturated	40%
Meadowcup	reduced fat spread, not polyunsaturated	70 - 80%
Mello	reduced fat spread, not polyunsaturated, not olive oil	60%
Olive Gold (Sainsbury)	reduced fat spread, with olive oil	60%
Olvio	reduced fat spread, with olive oil	60%
Outline	very low fat spread, not polyunsaturated	20 - 25%
Safeway		
Golden Low Fat Spread	low fat spread, not polyunsaturated	40%
Low Fat Sunflower Spread	low fat spread, polyunsaturated	40%
Meadow	reduced fat spread, not polyunsaturated	70 - 80%
Olive	reduced fat spread with olive oil	60%
Soft margarine	soft margarine, not polyunsaturated, not low fat	
Reduced Fat Soft Spread	reduced fat spread, not polyunsaturated, not olive oil	60%
Very Low Fat Spread (Simplese)	very, very low fat spread	5%
Sainsbury		
County Spread	reduced fat spread, not polyunsaturated	70 - 80%
County Light	low fat spread, not polyunsaturated	40%
Half Fat Spread	low fat spread, not polyunsaturated	40%
Olive Gold	reduced fat spread, with olive oil	60%
Luxury Soft margarine	soft margarine, not polyunsaturated, not low fat	
Soft Spread	reduced fat spread, not polyunsaturated, not olive oil	60%
Sunflower Low Fat Spread	low fat spread, polyunsaturated	40%
Sunflower Very Low Fat Spread	very low fat spread, polyunsaturated	20 - 25%
Shape Sunflower Spread	low fat spread, polyunsaturated	40%
Slimmers Gold Sunflower Low Fat Spread	low fat spread, polyunsaturated	40%
Somerfield Supersoft Margarine	soft margarine, not polyunsaturated, not low fat	
Soya margarine - own brands	soft margarine, polyunsaturated, not low fat	
Spreadable butter	butter, salted, slightly salted	
St Ivel Gold	low fat spread, not polyunsaturated	40%
St Ivel Gold Lowest	very low fat spread, not polyunsaturated	20 - 25%
Stork	hard, block margarine	
Stork Light Blend	reduced fat spread, not polyunsaturated, not olive oil	60%
Stork SB	soft margarine, not polyunsaturated, not low fat	
Summer County reduced fat spread	reduced fat spread, not polyunsaturated	60%
Sunflower margarine - own brands	soft margarine, polyunsaturated, not low fat	
Sunflower low fat spread	low fat spread, polyunsaturated	40%
Sunflower very low fat spread	very low fat spread, polyunsaturated	20 - 25%

Tesco			
	Golden Blend	reduced fat spread, not polyunsaturated	70 - 80%
	Half Fat Sunflower spread	low fat spread polyunsaturated	40%
	Healthy Eating Very Low Fat Spread	very low fat spread not polyunsaturated	20 - 25%
	Healthy Eating Lowest Ever 5% Fat Spread	very very low fat spread	5%
	Soft Spread	reduced fat spread, not polyunsaturated	70 - 80%
Tomor	hard margarine	hard block margarine	
Vitalite		reduced fat spread polyunsaturated not olive oil	70 - 80%
Vitalite Light		reduced fat spread polyunsaturated, not olive oil	60%
Vitaquelle		soft margarine, polyunsaturated not low fat	
Weight Watchers		low fat spread, not polyunsaturated	40%
Willow (Dairy Crest)		reduced fat spread, not polyunsaturated	70 - 80%

N1340 Toddlers' Dietary Survey



Fats and oils for COOKING - alphabetical list

<i>FAT</i>	<i>DESCRIPTION</i>
Anchor Half Fat	SPECIFY; flag entry
Anchor Low Fat Spread	SPECIFY; flag entry
Banquet soft margarine	margarine, not polyunsaturated
Beef fat	dripping
Blended vegetable oil	blended vegetable oil
Blue Band sunflower margarine	polyunsaturated margarine
Butter, concentrated	SPECIFY; flag entry
Butter, salted or slightly salted	butter
Butter, unsalted	butter
Butter, spreadable	butter
Clover	SPECIFY; flag entry
Clover, lightly salted	SPECIFY; flag entry
Clover Extra Lite	SPECIFY; flag entry
Cookeen compound cooking fat	SPECIFY; flag entry
Corn oil	polyunsaturated oil
Country Fare solid oil	dripping
Dairy Crest Willow	SPECIFY; flag entry
Delight	SPECIFY; flag entry
Delight Extra Low	SPECIFY; flag entry
Echo hard margarine	margarine, not polyunsaturated
Encore Sol	polyunsaturated margarine
Encore Sol Light	SPECIFY; flag entry
Encore Supersoft margarine	margarine, not polyunsaturated
Flora	polyunsaturated margarine
Flora Baking	polyunsaturated margarine
Flora Extra Light	SPECIFY; flag entry
Flora oil	polyunsaturated oil
Flora reduced salt	polyunsaturated margarine
Flora white	SPECIFY; flag entry
Gold (St Ivel)	SPECIFY; flag entry
Gold for cooking	SPECIFY; flag entry
Gold Lowest (St Ivel)	SPECIFY; flag entry
Golden Crown (Golden Churn)	SPECIFY; flag entry
Golden Crown Light	SPECIFY; flag entry
Golden Olive	SPECIFY; flag entry
Golden Vale	SPECIFY; flag entry
Granose	polyunsaturated margarine
Groundnut oil	polyunsaturated oil
Half Fat Anchor	SPECIFY; flag entry
"I can't believe it's not butter"	SPECIFY; flag entry
Kerrygold Light	SPECIFY; flag entry
Krisp and Dry oil (Spry)	blended vegetable oil
Krona (gold/silver label)	SPECIFY; flag entry
Krona Spreadable	SPECIFY; flag entry

Latta	SPECIFY flag entry
Maize oil	polyunsaturated oil
Mazola	polyunsaturated oil
Meadowcup	SPECIFY flag entry
Mello	SPECIFY flag entry
Olive oil	SPECIFY flag entry
Olivio	SPECIFY flag entry
Outline	SPECIFY, flag entry
Own brands	
blended oil	blended vegetable oil
block margarine	margarine, not polyunsaturated
hard margarine	margarine not polyunsaturated
soft margarine not polyunsaturated	margarine not polyunsaturated
soft margarine polyunsaturated	polyunsaturated margarine
low fat spreads	SPECIFY flag entry
reduced fat spreads	SPECIFY flag entry
reduced fat spreads with olive oil	SPECIFY, flag entry
very low fat spreads	SPECIFY flag entry
Palm oil	SPECIFY flag entry
Peanut oil	polyunsaturated oil
Pork fat	lard
Pura Big Fry solid cooking oil	dripping
Pura solid vegetable oil	blended vegetable oil
Rapeseed oil	blended vegetable oil
Safflower oil	polyunsaturated oil
Sesame oil	polyunsaturated oil
Shape Sunflower Spread	SPECIFY, flag entry
Soya margarine - own brands	polyunsaturated margarine
Soya oil	polyunsaturated oil
St Ivel Gold	SPECIFY, flag entry
St Ivel Gold for cooking	SPECIFY flag entry
St Ivel Gold Lowest	SPECIFY flag entry
Stork	margarine, not polyunsaturated
Stork Light Blend	SPECIFY, flag entry
Stork SB	margarine not polyunsaturated
Summer County reduced fat spread	SPECIFY flag entry
Sunflower margarine - own brands	polyunsaturated margarine
Sunflower oil	polyunsaturated oil
Spry compound cooking fat	SPECIFY, flag entry
Tesco Healty Eating Lowest Ever 5% fat Spread	SPECIFY flag entry
Tomor hard margarine	margarine not polyunsaturated
Trex compound cooking fat	SPECIFY, flag entry
Vegetable oil - unspecified	blended vegetable oil
Very low fat spread - own brand	SPECIFY flag entry
Vitalite	SPECIFY flag entry
Vitalite Light	SPECIFY flag entry
Vitaquelle	polyunsaturated margarine
Walnut Oil	polyunsaturated oil
Weight Watchers	SPECIFY flag entry
White Cap	lard
Willow (Dairy Crest)	SPECIFY flag entry

N1340/W4 YOUNG CHILDREN'S DIETARY SURVEY

EATING PATTERN CHECK SHEET

Serial number label

Complete one sheet for each dietary record. Ring code to show number of items eaten each day.

Day	Drinks				Crisps & savoury snacks				Biscuits & sweets				Supplements, inc fluoride		Tick here if note in diary
	At home		Out		At home		Out		At home		Out		At home	Out	
..... day	1	5	1	5	1	5	1	5	1	5	1	5	1	1	
	2	6	2	6	2	6	2	6	2	6	2	6	2	2	
	3	7	3	7	3	7	3	7	3	7	3	7	3	3	
	4	8	4	8	4	8	4	8	4	8	4	8	4	4	
..... day	1	5	1	5	1	5	1	5	1	5	1	5	1	1	
	2	6	2	6	2	6	2	6	2	6	2	6	2	2	
	3	7	3	7	3	7	3	7	3	7	3	7	3	3	
	4	8	4	8	4	8	4	8	4	8	4	8	4	4	
..... day	1	5	1	5	1	5	1	5	1	5	1	5	1	1	
	2	6	2	6	2	6	2	6	2	6	2	6	2	2	
	3	7	3	7	3	7	3	7	3	7	3	7	3	3	
	4	8	4	8	4	8	4	8	4	8	4	8	4	4	
..... day	1	5	1	5	1	5	1	5	1	5	1	5	1	1	
	2	6	2	6	2	6	2	6	2	6	2	6	2	2	
	3	7	3	7	3	7	3	7	3	7	3	7	3	3	
	4	8	4	8	4	8	4	8	4	8	4	8	4	4	

N1340 YOUNG CHILDREN'S DIETARY SURVEY

FLAGS CHECK CARD

The following items should be flagged

- Any item not weighed, eg condiments, supplements etc
- Any item where the quantity is not in grams - eg drops/units/teaspoons/fl ozs
- Recipe items
- All composite items
- Cumulative weights
- All artificial sweeteners
- Foods not shown in the food code list
- Interviewer queries on weights/food codes/ brand codes
- Any item where the mother (figure) has recorded an estimated weight (or amount)
- Unlisted brands of herbal teas and herbal infant drinks
- Own brand herbal teas
- Herbal teas sold loose
- Any medicines recorded - food code 2527
- Any vitamin, mineral or fluoride supplements
- Items too light to register on the scale
- Condiments added at the table (not salt and pepper) and not weighed
- All cases where some of the item was lost, spilt etc and could not be reweighed (entry in column J of home record)
- Cases where individual leftovers have been weighed (rather than total weight of leftovers)

NOTE all eating out entries will be checked by the nutritionist, there is no need to flag blue sheets



SOFT DRINKS CHECK LIST

WAVE 4

Note This is not a comprehensive list of all soft drinks on the market New products will appear and the formulation of existing products may change

Soft drinks should always be coded using the product label if it is available

NB Codes are not given for carbonates as there are different codes for canned and bottled drinks
A few products cannot be coded and should be flagged

KEY CONC = Concentrate RTD = Ready to Drink CARB = Carbonated

	CONC/RTD CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Asda orange C	RTD	-	Y	Fruit drinks	2354	1
Belvoir Blackcurrant Cordial	CONC	-	-	Fruit drinks	8462	600
Belvoir Strawberry Cordial	CONC	-	-	Fruit drinks	2349	600
Belvoir Elderflower Cordial	CONC	-	-	Fruit drinks	2349	600
Boots Orange Barley Water	CONC	-	Y	Fruit drinks	2353	4
Boots Whole Lemon Drink	CONC	-	Y	Fruit drinks	2353	4
Boots Whole Orange Drink	CONC	-	Y	Fruit drinks	2353	4
Boots Shapers Tropical Fruit	CONC	Y	-	Fruit drinks	2351	455
Boots Shapers Blackcurrant and Apple	CONC	Y	-	Fruit drinks	2351	455
Boots Shapers Lemon Barley	CONC	Y	-	Fruit drinks	2351	455
Boots Reduced sugar blackcurrant Juice Drink	CONC	Y	Y	Fruit juice drink		4
Boots Shapers Blackcurrant Juice Drink	RTD	Y	-	Fruit juice drink	8475	455
Boots Shapers Tropical Juice Drink	RTD	Y	-	Fruit juice drink	8029	455
Boots Shapers High Juice Orange	RTD	Y	-	High juice drinks		455
Boots Shapers Blackcurrant & Apple Flavour carb drink	CARB	-	Y	Carbonates		455
Boots Shapers Citrus Fruit Flavour carb drink	CARB	-	-	Carbonates		455
Boots Shapers Tropical Fruit Flavour carb drink	CARB	-	Y	Carbonates		455
Boots Shapers Fresh Orange & Raspberry Drink	RTD	Y	-	Fruit juice drink	8029	455
Boots Mediterranean Cocktail	RTD	-	-	Fruit drink	2350	4
Bottled Green Citrus Presse Sparkling Lime Lemon and Orange Drink	CARB	-	Y	Carbonates		600
Calypso orange flavour drink	RTD	-	Y	Fruit drink	2354	408
Capri Sun Tropical Orange Juice Drink (Other flavours - same)	RTD	-	Y	Fruit juice drink	8453	410
Citrus Spring Sparkling Orange Drink	CARB	-	Y	Carbonates		600

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Citrus Spring Sparkling Lemon Juice Drink	CARB	-	Y	Carbonates		600
Clearly Canadian Country Raspberry	CARB	-	-	Carbonates		600
Co-Op Sun Up lime and lemon drink	CONC	-	Y	Fruit drink	2353	6
Del Monte Fruit Troop Fruit Drink (Orange, Pineapple and Banana)	RTD	-	Y	Fruit juice drink	2358	420
Del Monte Fruit Coolers Carnival	RTD	-	Y	Fruit drink	2354	420
Del Monte Fruit Coolers Citrus Light	RTD	Y	Y	Fruit drink	8467	420
Del Monte Fruit Burst Still Lemonade Juice Drink	RTD	-	Y	Fruit juice drink	8453	420
Del Monte Fruit Burst Orange Juice Drink	RTD	-	Y	Fruit juice drink	8453	420
Del Monte Fruit Burst Five Fruit Juice Drink	RTD	-	Y	Fruit juice drink	2358	420
Family Choice Orange Drink	CONC	-	-	Fruit drink	2349	7
First Choice Tropical Lite Fruit Drink	RTD	Y	Y	Fruit drink	8467	600
Five Alive Citrus Lite Fruit Juice Drink	RTD	Y	-	Fruit juice drink	8029	425
Five Alive Mixed Citrus Fruit Juice Drink	RTD	-	-	Fruit juice drink	8451	425
Five Alive Mediterranean Fruit Juice Drink	RTD	-	-	Fruit juice drink	8451	425
Five Alive Tropical Fruit Juice Drink	RTD	-	-	Fruit juice drink	8451	425
Flintstones Orange Juice Drink	RTD	-	Y	Fruit juice drink	8453	600
Flintstones Caribbean Mixed Juice Drink	RTD	-	Y	Fruit juice drink	2358	600
Garfield Fruit Punch Cup	RTD	-	-	Fruit drink	2350	600
Geebee low calorie Orange Drink	CONC	Y	-	Fruit drink	2351	427
Geebee twist 'n squeeze drinks (raspberry/orange)	RTD	-	-	Fruit drink	2350	427
Gini Lemon Drink	CARB	-	Y	Carbonates		428
Diet Gini Lemon Drink	CARB	-	Y	Carbonates		428
Iceland orange drink	CONC	-	Y	Fruit drink	2353	11
Iceland blackcurrant drink	CONC	-	-	Fruit drink	8462	11
Iceland lemon drink	CONC	-	-	Fruit drink	2349	11
Iceland orange, lemon & pineapple drink	CONC	-	Y	Fruit drink	2353	11
Iceland tropical fruit drink	CONC	-	Y	Fruit drink	2353	11
Kia-ora Mixed Fruit Drink	CONC	-	Y	Fruit drink	2353	433
Kia-ora Mixed Fruit drink - No Added Sugar	CONC	Y	Y	Fruit drink	8466	433

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Kia-ora Pear and Blackcurrant drink	CONC	-	Y	Fruit drink	2353	433
Kia-ora Pear & Blackcurrant drink - No Added Sugar	CONC	Y	Y	Fruit drink	8466	433
Kia-ora Whole Orange drink	CONC	-	Y	Fruit drink	2353	433
Kia-ora Whole Orange drink - No Added Sugar	CONC	Y	Y	Fruit drink	8466	433
Kia-ora Whole Lemon drink	CONC	-	Y	Fruit drink	2353	433
Kia-ora Orange & Pineapple drink - No Added Sugar	CONC	Y	Y	Fruit drink	8466	433
Kia-ora orange and pineapple drink	CONC	-	Y	Fruit drink	2353	433
Kia-ora Mixed Fruit drink	RTD	-	Y	Fruit drink	2354	433
Kia-ora Whole Orange drink	RTD	-	Y	Fruit drink	2354	433
Kia-ora Orange and Pineapple drink	RTD	-	Y	Fruit drink	2354	433
Kiri Diet	CARB	Y	Y	Carbonates		435
Kisqua Sparkling Orange and Peach	CARB	-	-	Carbonates		600
Libbys Apple C	RTD	-	Y	Fruit juice drink	8691	437
Libbys Orange C	RTD	-	Y	Fruit juice drink	8453	437
Libbys Four Fruit C	RTD	-	Y	Fruit juice drink	2358	437
Lilt Pineapple and Orange Crush	CARB	-	-	Carbonates		438
Lilt Diet Pineapple and Orange Crush	CARB	Y	-	Carbonates		438
Marks & Spencer Jaffa Orange drink	CONC	-	-	Fruit drink	2349	20
Marks & Spencer Lemon & Lime drink	CONC	-	-	Fruit drink	2349	20
Marks & Spencer Sunfruit drink	RTD	-	Y	Fruit juice drink	2358	20
Marks & Spencer Caribbean fruit drink	RTD	-	-	Fruit juice drink	8451	20
Marks & Spencer low calorie Orange drink	RTD	Y	Y	Fruit juice drink	8472	20
Meri-mate Tropical Fruit Flavour Drink	CARB	-	Y	Carbonates		600
Moonshine Mixed Berry Juice Drink (Libbys)	RTD	-	-	Fruit juice drink	8451	600
Morrison's Whole Orange drink	CONC	-	Y	Fruit drink	2353	14
Nisa Apple & Blackcurrant juice drink	CONC	-	-	Fruit juice drink	8471	600
Ocean Spray Cranberry Classic Juice drink	RTD	-	Y	Fruit juice drink	2358	600
Ocean Spray Cranberry & Raspberry Juice drink	RTD	-	Y	Fruit juice drink	2358	600
One Cal Blackcurrant flavour drink	CARB	Y	-	Carbonates		600
One Cal Pineapple and Grapefruit	CARB	Y	Y	Carbonates		600

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Orangina Sparkling Orange Juice drink	CARB	-	-	Carbonates		443
Princes Juice Tropical Fruit drink	CONC	-	Y	Fruit drink	2353	600
Princes Juice High Orange, Lemon & Lime Squash	CONC	-	-	High juice drink	7911	600
Princes Juice Sugar Free Lemon & Lime drink	CONC	Y	-	Fruit drink	2351	600
Quosh low sugar orange drink	CONC	Y	Y	Fruit drink	8466	447
Quosh Whole Orange drink	RTD	-	Y	Fruit drink	2354	447
Rio Riva carbonated spring water + juices	CARB	-	Y	Carbonates		600
Robinsons Lemon Barley Water	CONC	-	-	Fruit drink	8491	449
Robinsons Orange Barley Water	CONC	-	-	Fruit drink	8491	449
Robinsons Apple Juice drink	CONC	-	Y	Fruit juice drink	8616	449
Robinsons Apple and Blackcurrant Juice drink	CONC	-	-	Fruit juice drink	8471	449
Robinsons Apple and Raspberry Juice drink	CONC	-	-	Fruit juice drink	8471	449
Robinsons Apple and Strawberry Juice drink	CONC	-	-	Fruit juice drink	8471	449
Robinsons Orange, Lemon and Pineapple drink	CONC	-	-	Fruit drink	2349	449
Robinsons Original High Juice Lemon Squash	CONC	-	-	High juice drink	7911	449
Robinsons Original High Juice Harvest Fruit Squash	CONC	-	-	High juice drink	7911	449
Robinsons Original High Juice Orange Squash	CONC	-	-	High juice drink	7911	449
Robinsons Special R Apple & Blackcrant Juice drink	CONC	Y	-	Fruit juice drink	8608	449
Robinsons Special R Orange & Pineapl Juice drink	CONC	Y	-	Fruit juice drink	8608	449
Robinsons Special R Summer Fruits Juice drink	CONC	Y	-	Fruit juice drink	8608	449
Robinsons Special R Whole Orange drink	CONC	Y	-	Fruit drink	2351	449
Robinsons Whole Grapefruit drink	CONC	-	-	Fruit drink	2349	449
Robinsons Whole Lemon drink	CONC	-	-	Fruit drink	2349	449
Robinsons Whole Orange drink	CONC	-	-	Fruit drink	2349	449
Robinsons Sparkling Lemon Barley Water	CARB	-	-	Carbonates		449
Robinsons Sparkling Orange Barley Water	CARB	-	-	Carbonates		449
Robinsons Sparkling Original Lemon Juice drink	CARB	-	-	Carbonates		449
Robinsons Apple Juice drink	RTD	-	Y	Fruit juice drink	8691	449
Robinsons Apple and Blackcurrant Juice drink	RTD	-	Y	Fruit juice drink	2358	449

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Robinsons Apple and Strawberry Juice drink	RTD	-	Y	Fruit juice drink	2358	449
Robinsons Apple and Raspberry Juice drink	RTD	-	Y	Fruit juice drink	2358	449
Robinsons Orange, Lemon & Pineapple Juice drink	RTD	-	Y	Fruit juice drink	2358	449
Robinsons Orange Juice drink	RTD	-	Y	Fruit juice drink	8453	449
Robinsons Special R Whole Orange drink	RTD	Y	-	Fruit drink	2352	449
Roses Original Lime Juice Cordial	CONC	-	-	Fruit drink	2331	451
Rowntrees Fruit Juice drink	RTD	-	-	Fruit juice drink	8451	600
Safeway whole orange drink	CONC	-	Y	Fruit drink	2353	18
Safeway sugar free orange drink	CONC	Y	-	Fruit drink	2351	18
Safeway orange, lemon & pineapple drink	CONC	-	Y	Fruit drink	2353	18
Safeway sugar free orange lemon & pineapple drink	CONC	Y	Y	Fruit drink	8466	18
Safeway whole lemon drink	CONC	-	-	Fruit drink	2349	18
Safeway sugar free lemon drink	CONC	Y	-	Fruit drink	2351	18
Safeway lemon and lime drink	CONC	-	-	Fruit drink	2349	18
Safeway lime juice cordial	CONC	-	-	Fruit drink	2331	18
Safeway high juice blackc't drink reduced sugar	CONC	Y	Y	High juice drink		18
Safeway sugar free tropical fruit drink	CONC	Y	-	Fruit drink	2351	18
Safeway high juice orange squash	CONC	-	-	High juice drink	7911	18
Safeway High Juice Blackcurrant drink	RTD	-	-	High juice drink	8461	18
Safeway high juice apple and blackcurrant drink	RTD	-	-	High juice drink	7912	18
Safeway high juice orange crush	RTD	-	-	High juice drink	7912	18
Safeway high juice orange pineapple & lemon drink	RTD	-	-	High juice drink	7912	18
Safeway high juice tropical fruits drink	RTD	-	-	High juice drink	7912	18
Safeway orange & passion fruit crush	CARB	-	Y	Carbonates		18
Safeway sparkling apple crush	CARB	-	-	Carbonates		18
Safeway diet pineapple & grapefruit crush	CARB	Y	Y	Carbonates		18
Safeway sparkling orangeade	CARB	-	-	Carbonates		18
Safeway sparkling diet orange crush	CARB	Y	Y	Carbonates		18

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Safeway tropical fruit crush	CARB	-	-	Carbonates		18
Safeway pineapple & grapefruit crush	CARB	-	Y	Carbonates		18
Sainsburys Blackcurrant drink	CONC	-	Y	Fruit drink	7915	19
Sainsburys High Juice Blackcurrant drink	CONC	-	Y	High juice drink	7913	19
Sainsburys High Juice Lemon Squash	CONC	-	-	High juice drink	7911	19
Sainsburys High Juice Lime Cordial	CONC	-	-	High juice drink	7911	19
Sainsburys High Juice Orange Squash	CONC	-	-	High juice drink	7911	19
Sainsburys High Juice Ruby Red Grapefruit Squash	CONC	-	-	High juice drink	7911	19
Sainsburys High Juice Tropical Fruit Squash	CONC	-	-	High juice drink	7911	19
Sainsburys Lemon and Lime drink	CONC	-	-	Fruit drink	2349	19
Sainsburys Lime Juice Cordial	CONC	-	-	Fruit drink	2349	19
Sainsburys Orange and Apricot drink	CONC	-	Y	Fruit drink	2353	19
Sainsburys Orange, Lemon and Pineapple drink	CONC	-	Y	Fruit drink	2353	19
Sainsburys Sugar Free Lemon drink	CONC	Y	-	Fruit drink	2351	19
Sainsburys Whole Lemon drink	CONC	-	-	Fruit drink	2349	19
Sainsburys Sugar Free Orange drink	CONC	Y	-	Fruit drink	2351	19
Sainsburys Whole Orange drink	CONC	-	Y	Fruit drink	2353	19
Sainsburys Lemon drink	RTD	-	Y	Fruit drink	2354	19
Sainsburys Fruit Splash Apple & Blackcurrant drink	RTD	-	Y	Fruit drink	2354	19
Sainsburys Fruit Splash Orange drink	RTD	-	Y	Fruit drink	2354	19
Sainsburys Fruit Splash Tropical Fruit drink	RTD	-	Y	Fruit drink	2354	19
Sainsburys Longlife Blackcurrant drink	RTD	-	-	Fruit drink	8463	19
Sainsburys Longlife Lemon drink	RTD	-	-	Fruit drink	2350	19
Sainsburys Longlife Orange drink	RTD	-	-	Fruit drink	2350	19
Sainsburys Longlife Orng, Pineapl & Lemon drink	RTD	-	-	Fruit drink	2350	19
Sainsburys Longlife Pear Fruit drink	RTD	-	Y	Fruit juice drink		19
Sainsburys Longlife Peach drink	RTD	-	Y	Fruit juice drink		19
Sainsburys Tropical Fruit drink	RTD	-	Y	Fruit juice drink	2358	19

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Sainsburys Diet Lemonade With a Twist of Lemon	CARB	Y	-	Carbonates		19
Sainsburys Cool Crush Sparkling Orange	CARB	-	Y	Carbonates		19
Sainsburys Cool Crush Pineapple & Grapefruit drink	CARB	-	Y	Carbonates		19
Sainsburys Fruit Cocktail Juice drink	RTD (FRESH)	-	-	Fruit Juice Drink	8451	19
Sainsburys Five Fruits Juice drink	RTD (FRESH)	-	-	Fruit juice drink	8451	19
Sao Rio Sparkling Fruit Juice drink	CARB	-	Y	Carbonates		600
Scotts Cup drinks	RTD	-	Y	Fruit drink	2354	600
Schweppes Blackcurrant cordial	CONC	-	-	Fruit drink	8462	453
St Clements Original High Juice Squash	CONC	-	-	High juice drink	7911	461
St Clements Sparkling Orange Juice drink	CARB	-	-	Carbonates		461
Seven Up Cherry	CARB	-	-	Carbonates		454
The Simpsons Golden Gumball drink (Mixed Fruit)	RTD	-	-	Fruit drink	2350	600
Somerfield Lime juice cordial	CONC	-	-	Fruit drink	2349	600
Somerfield lemon and lime drink	CONC	-	-	Fruit drink	2349	600
Somerfield apple and blackcurrant drink	CONC	-	-	Fruit drink	2349	600
Somerfield lemon drink	CONC	-	Y	Fruit drink	2353	600
Somerfield orange drink	CONC	-	Y	Fruit drink	2353	600
Somerfield orange lemon & pineapple drink	CONC	-	-	Fruit drink	2349	600
Somerfield high juice orange squash	CONC	-	Y	High juice drink	8458	600
Somerfield High Juice blackcurrant drink	CONC	-	Y	High juice drink	7913	600
Somerfield blackcurrant fruit drink	RTD	-	Y	Fruit drink	7916	600
Somerfield orange fruit drink	RTD	-	-	Fruit drink	2350	600
Somerfield tropical fruit drink	RTD	-	-	Fruit drink	2350	600
Somerfield citrus fruit drink	RTD	-	-	Fruit juice drink	8451	600
Somerfield lemon fruit drink	RTD	-	-	Fruit drink	2350	600
Spar whole lemon drink	CONC	-	-	Fruit drink	2349	21
Sprite	CARB	-	-	Carbonates		460
Sprite Diet	CARB	Y	-	Carbonates		460

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND CODE
Sunkist Orange Crush	CARB	-	Y	Carbonates		464
Sunkist Diet Orange Crush	CARB	Y	Y	Carbonates		464
Sunquick Orange Hi-Juice Squash	CONC	-	-	High juice drink	7911	465
Sunripe low calorie lemon drink	CONC	Y	-	Fruit drink	2351	600
Sunripe low calorie orange drink	CONC	Y	-	Fruit drink	2351	600
Sunsip low calorie orange drink	CONC	Y	Y	Fruit drink	8466	600
Superdrug apple and blackcurrant juice drink	CONC	-	-	Fruit juice drink	8471	25
Superdrug apple and raspberry juice drink	CONC	-	-	Fruit juice drink	8471	25
Superdrug orange lemon and pineapple drink	CONC	-	Y	Fruit drink	2353	25
Superdrug orange drink	CONC	-	-	Fruit drink	2349	25
Superdrug low calorie lemon drink	CONC	Y	-	Fruit drink	2351	25
Superdrug low calorie orange drink	CONC	Y	-	Fruit drink	2351	25
Tango Sparkling Apple drink	CARB	-	-	Carbonates		467
Tango Sparkling Orange drink	CARB	-	Y	Carbonates		467
Tango Diet Sparkling Low Calorie Orange drink	CARB	Y	Y	Carbonates		467
Tesco Apple and Blackcurrant drink	CONC	-	-	Fruit drink	2349	22
Tesco Orange and Apricot drink	CONC	-	Y	Fruit drink	2353	22
Tesco Healthy Eating Sugar Free Lemon drink	CONC	Y	-	Fruit drink	2351	22
Tesco Healthy Eating Sugar Free Orange drink	CONC	Y	-	Fruit drink	2351	22
Tesco Healthy Eating Sugar Free Orange, Lemon and Pineapple drink	CONC	Y	Y	Fruit drink	8466	22
Tesco Hi-Juice Blackcurrant Squash	CONC	-	Y	High juice drink	7913	22
Tesco Hi-Juice Orange Squash	CONC	-	-	High juice drink	7911	22
Tesco Lemon & Lime drink	CONC	-	-	Fruit drink	2349	22
Tesco Orange Lemon and Pineapple drink	CONC	-	Y	Fruit drink	2353	22
Tesco Lime Juice cordial	CONC	-	-	Fruit drink	2349	22
Tesco Whole Orange drink	CONC	-	Y	Fruit drink	2353	22

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND
Tesco Whole Lemon drink	CONC	-	-	Fruit drink	2349	22
Tesco tropical fruit juice drink	RTD	-	-	Fruit juice drink	8451	22
Tesco Healthy Eating Light Citrus Fruit juice drink	RTD	Y	-	Fruit juice drink	8473	22
Tesco apple and blackcurrant drink	RTD	-	Y	Fruit drink	2354	22
Tesco blackcurrant drink	RTD	-	Y	Fruit drink	7916	22
Tesco whole orange drink	RTD	-	Y	Fruit drink	2354	22
Tesco orange pineapple and lemon drink	RTD	-	Y	Fruit drink	2354	22
Tesco orange juice drink	RTD	-	-	Fruit juice drink	8454	22
Tesco apple and apricot juice drink	RTD	-	Y	Fruit juice drink	2358	22
Tesco mandarin and mango juice drink	RTD	-	Y	Fruit juice drink	2358	22
Tesco fruits of the forest juice drink	RTD	-	Y	Fruit juice drink	2358	22
Tesco Healthy Eating Light mixed fruit juice drink	RTD	Y	-	Fruit juice drink	8029	22
Tesco mixed fruit juice drink	RTD	-	-	Fruit juice drink	8451	22
Tesco Healthy Eating Light orange juice drink	RTD	Y	-	Fruit juice drink	8473	22
Tesco orange juice drink	RTD	-	-	Fruit juice drink	8454	22
Tesco Pina Colada style pineapple juice drink	RTD	-	Y	Fruit juice drink	8453	22
Tesco High juice still lemonade	RTD	-	-	Fruit drink	2350	22
The Fat Controllers Favourite drink	RTD	-	-	Fruit drink	2350	600
Um Bongo Mixed Fruit Juice drink	RTD	-	Y	Fruit juice drink	2358	470
Um Bongo Apple Juice drink	RTD	-	Y	Fruit juice drink	8691	470
Um Bongo Orange Juice drink	RTD	-	Y	Fruit juice drink	8453	470
Vimto Mixed Fruit Juice cordial	CONC	-	Y	Fruit juice drink	8760	471
Vimto Mixed Fruit Juice drink	RTD	-	Y	Fruit juice drink	2358	471
Vimto Diet Mixed Fruit Juice drink	CARB	Y	Y	Carbonates		471
Waitrose Blackcurrant Juice drink	CONC	-	Y	Fruit juice drink		24
Waitrose Diet Lemon drink	CONC	Y	-	Fruit drink	2351	24
Waitrose Diet Orange drink	CONC	Y	-	Fruit drink	2351	24
Waitrose High Juice Orange Squash	CONC	-	-	High juice drink	7911	24

PRODUCT NAME	RTD/CONC CARB	LOW CAL	FORTIFIED VITAMIN C	CODE LIST SECTION	CODE	BRAND
Waitrose High Juice Lemon Squash	CONC	-	-	High juice drink	7911	24
Waitrose Lemon Squash	CONC	-	-	Fruit juice drink	8788	24
Waitrose Lemon and Lime drink	CONC	-	-	Fruit drink	2349	24
Waitrose Lime Juice Cordial	CONC	-	-	Fruit drink	2349	24
Waitrose Orange Squash	CONC	-	-	Fruit juice drink	8788	24
Waitrose Orange, Lemon & Pineapple drink	CONC	-	-	Fruit drink	2349	24
Waitrose Whole Grapefruit drink	CONC	-	-	Fruit drink	2349	24
Waitrose Whole Lemon drink	CONC	-	-	Fruit drink	2349	24
Waitrose Whole Orange drink	CONC	-	-	Fruit drink	2349	24
Waitrose Apple and Blackcurrant drink	RTD	-	Y	Fruit drink	2354	24
Waitrose Apple and Strawberry drink	RTD	-	-	Fruit drink	2350	24
Waitrose Mixed Citrus drink	RTD	-	-	Fruit juice drink	8451	24
Waitrose Old Fashioned Still Lemonade	RTD	-	-	Fruit drink	2350	24
Waitrose Orange drink	RTD	-	Y	Fruit drink	2354	24
Waitrose Tropical drink	RTD	-	-	Fruit drink	2350	24
Wells Sugar Free Blackcurrant drink	CONC	Y	Y	Fruit drink	8468	472
Wells Sugar Free Orange drink	CONC	Y	-	Fruit drink	2351	472
Wells sugar free tropical orange drink	RTD	Y	-	Fruit drink	2352	472
Wells sugar free apple and blackcurrant drink	RTD	Y	-	Fruit drink	2352	472
Wells sugar free orange drink	RTD	Y	-	Fruit drink	2352	472

3 Are the measurements compulsory?

In all our surveys we rely on voluntary co-operation which is essential if our work is to be successful. The measurements and the blood sample are a particularly important part of this survey, as from these results we can find out much more about the health of small children than would be possible with just the information about their diet.

* * * * *

We hope this leaflet answers some of the questions you might have and that it shows the importance of the survey.

Your co-operation is very much appreciated.

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N1340 Young children's dietary survey HAZ/1 3/83

1 Height, weight and other measurements

Obviously what children eat affects their weight, so we are interested in the weight of the children in the survey. By itself though, weight is of limited use because taller children will probably weigh more anyway. Hence we need to know about weight in relation to size - not just height but bone size and the amount of muscle and fat. A measurement of head circumference will give us some information on bone size and growth and the arm circumference is a useful measure of body size.

* * * * *



2 Blood sample

We ask if you would agree to your child providing us with a sample of blood. This is a very important aspect of the survey as the analysis of all the blood samples will tell us a great deal about the health of the children in the survey and further information on their diet. You are, of course, free to choose not to consent to the blood sample being taken.

A small amount of blood (no more than 4ml) is taken from your child's arm using new, sterile equipment by a qualified person who is skilled in taking blood from small children. If you prefer your child to have a finger prick then we are happy to do so. The blood is sent to three medical laboratories, in Cambridge at Hull University and at Great Ormond Street Children's Hospital in London for a number of analyses including measurements of ferritin, haemoglobin and vitamins. The sample is not used for viral analyses such as an AIDS test.

Haemoglobin is the red pigment in the blood which carries oxygen. A low level of haemoglobin in the blood is called anaemia. One reason for a low level of haemoglobin may be a shortage of iron. Ferritin is a measure of the body's iron stores.

* * * * *



OPCS
OFFICE OF POPULATION
CENSUSES & SURVEYS

The Young Children's Dietary Survey

This survey is being carried out by the Social Survey Division of the Office of Population Censuses and Surveys for the Ministry of Agriculture, Fisheries and Food and the Departments of Health (in England, Wales and Scotland). This leaflet tells you more about measurements we are making and the blood sample.

With your consent we let your child's GP know that you have agreed to your child taking part in the survey and we will let you know the results of the haemoglobin analysis.

* * * * *